1965

VS 150-REV. 1/1/65

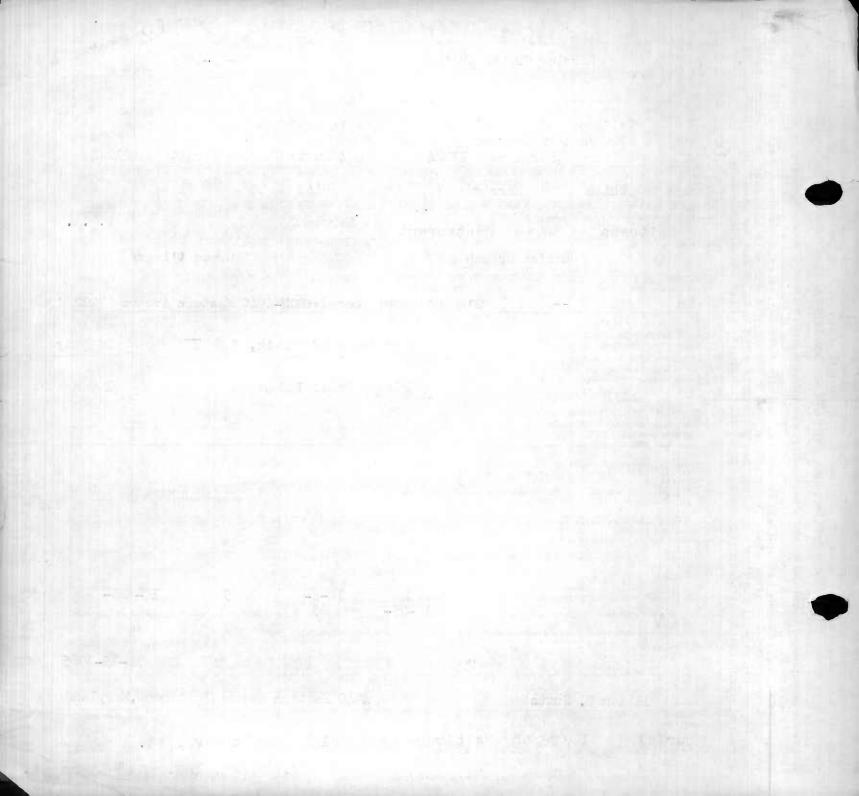
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

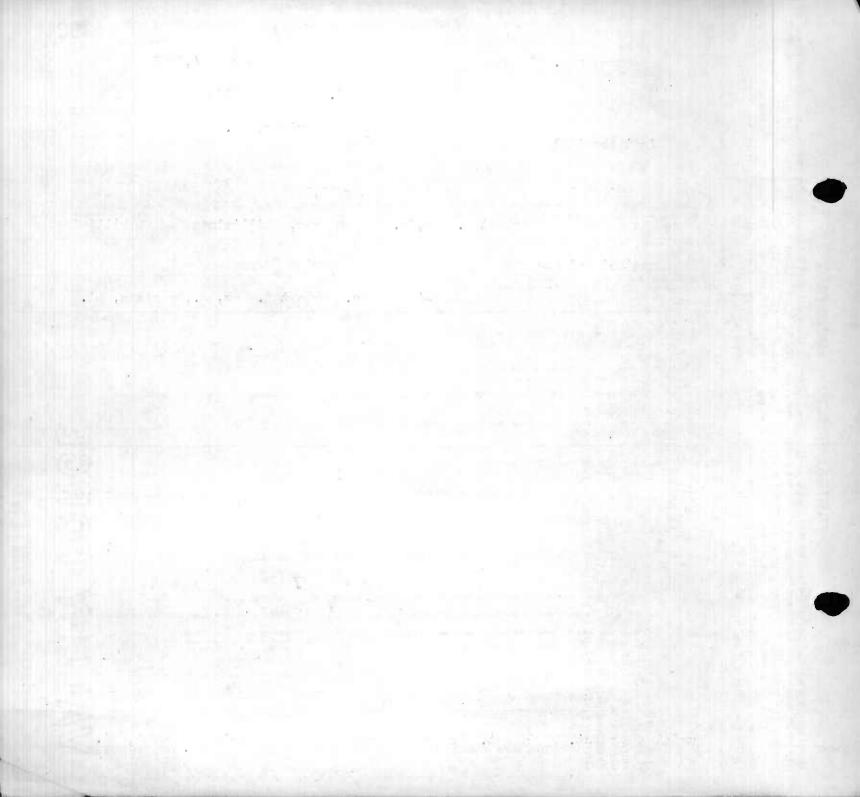
FUNERAL DIRECTOR: IMPORTANT

	TH NO.	65 11	001	CERTIFICA	TE OF DE	ATH	Registered Na.	65 11001	
(Ту	DE OF DEC	Bernice		n Smith	2. Date and hour of death 10-25-1965 4 A M				
	FULL NAME (HOSPITAL OR NSTITUTION	oddress or location	or institution,		A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL ond give township) Baltimore D. STREET ADDRESS (If rurol, give locotion) 914 South Charles Street 21224				
2		Baltimore Ci 4940 Eastern	Avenue						
_	- Au	Baltimore, Ma		21224					
	emale	White	Marri	, NEVER MARRIED D, DIVORCED (specify) LOC	B. DATE OF BIRTH		9. AGE (In years lost birthdoy) 51	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	e during most of	UPATION (Give kind of work working tile, even if retired) tress		estaurant	Marylan	_	reign country)	12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NA				14. MOTHERS M	AIDEN N			
Charles Crouch							Grace O' 1	Leary	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.					17. INFORMANT ADDRESS				
	No			218 14 6329		CH-49	940 Eastern A	Avenue 21224	
	DISEA	SE OR CONDITION DIR	ECTLY	Cause o		erviv	, IC III	INTERVAL BETWEEN ONSET AND DEATH	
	heart failure, injury ar con DISEASES	not mean the made of asthenia, etc. It means mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause IA) G CONDITION last.	the disease, death.)	(B) Urina	ry Tract 1	*************	0:00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 + months	
ATION	OTHER SIGN	IIFICANT CONDITIONS COEATH BUT NOT RELA	TED TO TH		M-12				
ERTIFIC	19A. DATE O	F OPERATION 198 CON WAS PERF		WHICH OPERATION	Yes	(Yes or h	10 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
CAL CI	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol exomined	21 E hor etc	B. PLACE OF INJURY le.g., in the, form, foctory, street, of	n or obout 21C. WH ffice bldg., INJURY	ERE DID OCCUR?	(If in Boltimor	e City, give exact location!	
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		tNJURY OCCURRED hile At Not Whit At Work		W DID IN	NJURY OCCUR?		
	22. I certify that (I) (this hospital) attended the deceased fram 10-6-19 65 to 10-25-19 65 that (I) (we) last saw the deceased alive on 10-25-19 65 and that in(my) (aur) opinion death accurred an the date and have and fram the causes stated above. (I) (We) (did) (did not) view the bady after deoth.								
	23A. SIGNAT	Villiam	B. C	cells Phy	ending Mo	ed. eclor	Stoff Phys.	23R DATE SIGNED 10-25-1965	
		lliam B. Cutt	S	M.D.	4940 East	ern A	venue, Baltin	nore, Maryland	
24/	BURIAL CRI	EMATION, 24B. DATE	24C. N	AME of CEMETERY or CR		24D.	LOCATION (C	ity, town, or county) (Stole)	
25/	Buria	$\frac{1}{10/28}$	65 B	altimore Na	tional	BIRECTO	altimore,	Md . ADDRESS	

JOHN F. DENNY, INC.

715 Light St.





a hospital and

15-10071	BALTIMORE CIT	TY HEALTH DEPARTMENT	
BIRTH NO.65-18974 65 11	003 CERTIFICA	ATE OF DEATH Reg	gistered No. 65 11003
I. NAME OF DECEASED		2. DATE AND HOL	JR OF DEATH
(Type or Print) SILL, JENNI	FER LYNNE	8-8-6	5 11.57P
PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceded A. STATE B. COUNTY	used lived. If institution: residence befare admission
FULL NAME OF (If not in hospital	or institution, give street	MARYLAND	Par Ofin
HOSPITAL OR address or location			y limits, write RURAL and give tawnship)
	S HOSPITAL	BALTIMORE	13-10
	E. MARYLAND 2122		ve location)
DAL THOU	c, 10111 L1110 L122	-	OR ROAD
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE	(In years If Under 1 Yr. If Under 24 Hr
EMALE WHITE	SINGLE (specify)	7-31-65 lost birt	hday) Manths Days Haurs Min.
A. USUAL OCCUPATION (Give kind of war			
one during mast of warking life, even if retired)		MARWIAND	WHAT COUNTRY?
BABY FATHERS NAME	1	MARY LAND	U.S.
CHARLES SILL		MARTHA KOHOUT	
. Was Deceased Ever in U. S. Armed Fa es, na ar unknawn) (If yes, give war ar date		17. INFORMANT	ADDRESS
NO		ST. AGNES HOSPI	TAL RECORDS BALTO.29
18. 7 5 4 11	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DE	RECTLY	1 0 1 0	ONSET AND DEATH
LEADING TO DEATH	IA) AC	ute Keart far.	lure 12 trs-
(This does not mean the mode of heart failure, asthenia, etc. It means		meental Resil	et disease - & 7 days
injury or complication which caused		1-8 Transporitor	lure 12 hr - it divan - \$ 7 days
ANTECEDENT CAUSES	(B)	> Pulman	
DISEASES OR CONDITIONS, if	any, giving	3 & terro 14, 00	reatal delet
rise to the abave cause (A)		J- /F/OVA Pacac	spire agey -
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING	ATED TO THE		
		[20 A. AUTOPSY? (Yes ar Na)] 20 B.	IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CON WAS PER			ERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INITIRY (e.g.	in or obout 21 C. WHERE DID	(If in Baltimare City, give exoct location)
OR CONTRIBUTING CAUSE OF		office bidg. INJURY OCCUR?	in in summittee only, give exect idedition?
OF INJURY (Month) (Doy) (Year)		21F. HOW DID INJURY OF	CCUR?
(APPROX.)	While At Wark At War		
22. 1 certify that (1) (this hospita	1) attended the desperad from	8-8-65 19	ta 8-8-65 19
V	0 0		Y
that (A) (we) last saw the decease	***************************************		(aur) apinion death accurred an the do
and haur and fram the causes sta	ted abave.XIX(We) (did) 資資人	view the bady after death.	
23A. SIGNATURE	0 0 0 0 -		23B, DATE SIGNED
Luningming	M. aldaba M.D. A	ttending Med. Stoff Phys.	8-9-65
23C. PHYSICIAN'S			
LUNINGNING	MI. ALDABA M.	ST. AGNES	HOSPITAL
A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATIO	ON (City, town, or county) (State)
REMOVAL (Specify)	101-11	1 - A D 1	14- \1.6/
remalion Velle, 10	17/2 Mreenmount is	umalong Vall	encone, The.

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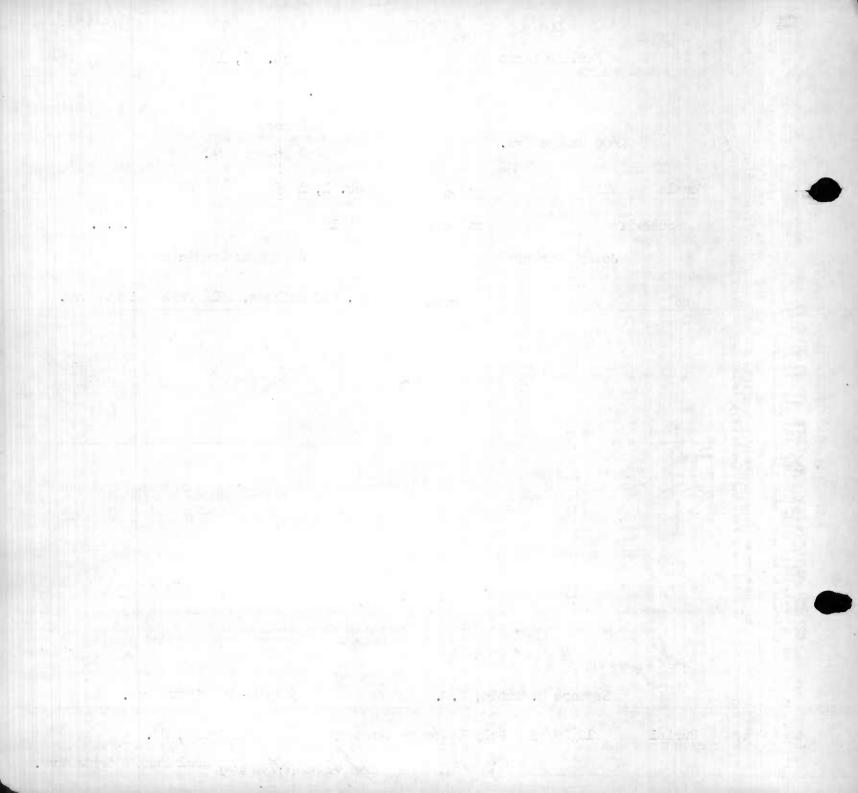
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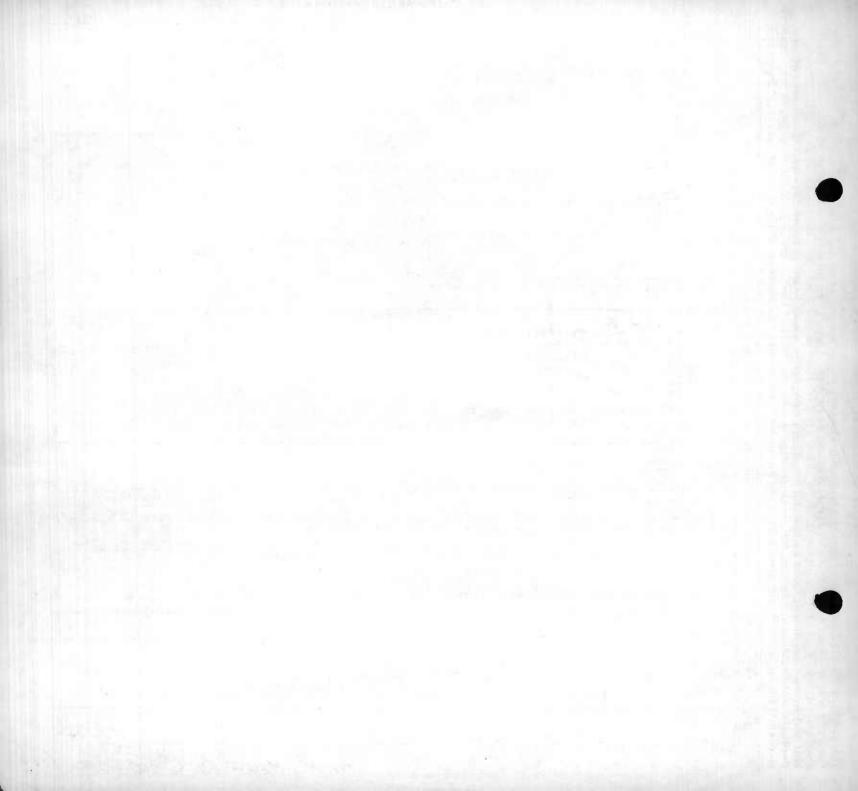
a hospital and

	05 110	0.	BALTIMORE CITY	HEALTH DEPARTMENT		65 11004			
BIRTH NO.	65 110	U4	CERTIFICA	TE OF DEATH	Registered No.	1.			
M.E. CASE NO.	CEASED			2. DATE	AND HOUR OF DEATH				
Type or Print)	Pauline	Renda		Oct.	26, 1965	1 4 B			
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: residence before admission			
FULL NAME O	OF (If not in hospital address or locatio		give street	A. STATE Md. B. COUNTY					
INSTITUTION				Baltimor		RURAL and give township)			
D .	2600 Oswego	Arro			If rural, give location)				
	2000 Oswego	NVC.		2600 Osw	ego Ave.				
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min,			
Female	White	WIDOWEL	Widow	Dec. 1, 1895	last birthday) 69	Months Doys Hours Min,			
		108. KIND OF		11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF			
House			at home	Italy		U.S.A.			
3. FATHER'S NA				14. MOTHER'S MAIDEN N					
	Joseph Bar	rbera		Joseph	hine Laudicia	na			
	Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		ADDRESS			
No No	n) (If yes, give wor or dote	= OI >@IVIC@)	SECURITY NO.	Mrs. Alf Eriks	en. 4216 Parl	k Heights Ave.			
18. //		-	none CAUSE O			INTERVAL BETWEEN			
DISEASES (rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR	nol meon the mode of osthenio, etc. It meons mplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. Illificant conditions Conditions Condition Causing F OPERATION 198. CONWAS PER	the disease, death.) ony, giving stating the CONTRIBUTING ATED TO THIT.	(C)	20A. AUTOPSY? (Yes or		Sirsly years			
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examiner	218 hom etc.	ie, form, foctory, street, of	or obout 21C. WHERE DID	(If in Boltimo	e City, give exact locotion)			
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	Wh	ile At Not While	21F. HOW DID II	NJURY OCCUR?				
22 Leastify	Work At Work								
	22. I certify that (I) (this baspital) attended the deceased fram 1967 to 1967 to 1967 to 1967 that (I) (we) last sow the deceased alive an 1967 and that in (my) (our) apinion death accurred on the da								
and hour on	and haur and from the couses stated above. (1) (We) (did) (did nat) view the body after death.								
23A. SIGNAT	URE	1)1				238, DATE SIGNED			
Ac	17	Puli	M.D. Atte	nding Med.	Stoff Phys.	10/21/15			
23 C. PHYSICI	ANS	1-100		23D. ADDRESS					
NAME (Seymore 1	H. Rubir	M.D. M.D.	5415	Park Height	s Ave.			
4A. RIIPIAL CRE	MATION, 24B, DATE		AME of CEMETERY or CRE						
REMOVAL									
Burial			Ly Redeemer Ce		Baltimore,				
25A. DATE REC'D	BY HEALTH DEPT.	25B, NAME	OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS			
OCT 2	7 1965 (12 Pres)	DE, 30	wey Ma	6 Vermen de	nemay. 4011	Park Heights Ave.			



IMPORTANT

FUNERAL DIRECTOR:

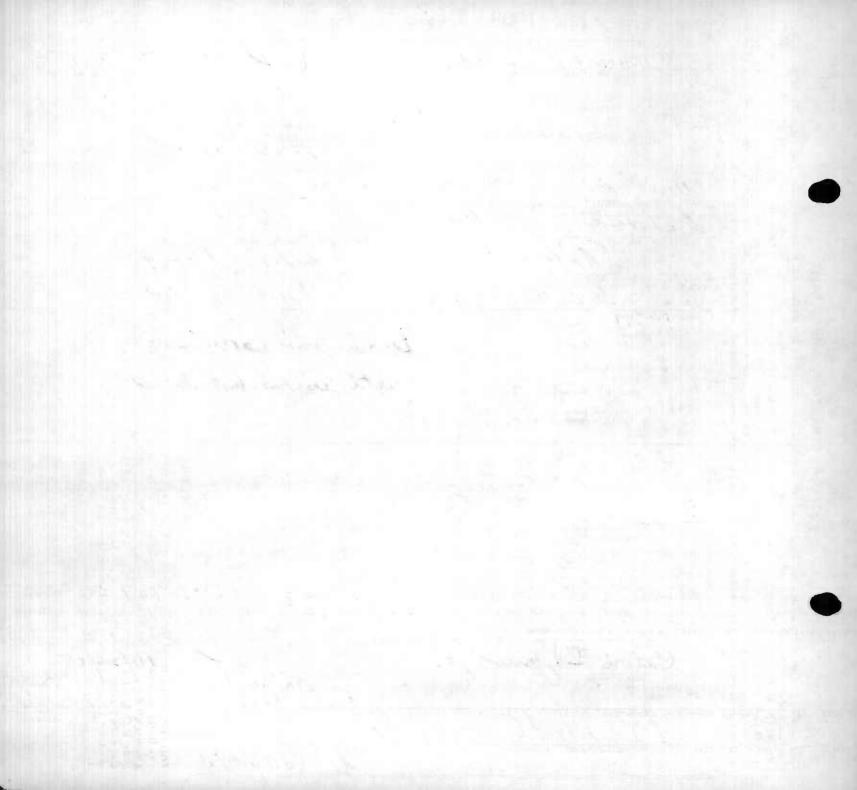


BALTIMORE CITY HEALTH DEPARTMENT

IMPORTAN FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

4. USUAL RESIDENCE (Where deceased lived. If ins	titution: residence befare admission)
A. STATE B. COUNTY	1317
YN.D.	
C. CITY OR TOWN (If autside city limits, write R	URAL and give tawnship)
D. STREET ADDRESS (If rural, give location)	
3913 ROLAND	30030F
B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Days Haurs Min.
	Months Days Hours Min.
STRY 11. BIRTHPLACE (State or foreign country)	112 CITIZEN OF
ti. Skillie di idieigii casiliyi	12. CITIZEN OF WHAT COUNTRY?
na Otho	DSA
14. MOTHER'S MAIDEN NAME	
M = 2710 5113 0350	
MARTHAJHERESR	
17. INFORMANT	ADDRESS
11 medical record	
E OF DEATH	INTERVAL BETWEEN
L OF DEATH	ONSET AND DEATH
and and	Distance of
llimoni d	200103.
odominal doubt	2)1155
scoriumal source	0,7,00.
oneyon on	
nevelised!	
2.4.203 de2083	
av la constant	
20A AUTDPSY? (Yes at No.) 208. IF YES, WERE F	INDINGS CONSIDERED
IN CERTIFIED CAN	SES OF DEATH?
g, in at a: C. WHERE DID (If Baltimare	City, give exact location)
t, affice of INJURY OCCUR?	
21F. HOW DID INJURY OCCUR?	
While Wark	. /
01.11	100
7/7/	120.
19.6 and that in (aur) apin	ian death accurred on the date
it) view the bady after death.	
	23B, DATE SIGNED
Allending Med. Staff	15/20/15
Phys. Director Phys.	10/20/61
23D. ADDRESS	-6/3//
1.D. Miler SIty HOSK	PULL BALL MI
CREMATORY 24D. LOCATION (City	y, tawn, ar county) (State)
C. 1 21/1 11/11/01	V. 12/1/ D1
Cemetery Detto Wet Ph	MIT. VIEW ICH
25C FUNERAL DIRECTOR	ADDRESS / /
Durger //-chereAlfame	3631 /2/15/60
De Main 12 Man	1000



65 11009 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD HOHN ARTHUR HOHN 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION Baltimore D. STREET ADDRESS (If rurol, give locotion) University Hospital 868 Washington Blvd. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdox WIDOWED, DIVORCED (specify), Months, Doys, Hours, Min. white mal e 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State 12. CITIZEN O or foreign country WHAT COUNTRY done during most of Porking life, even if retired) 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? . INFORM AN 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 11 42W CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO

ANTECENDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

li

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION

WAS PERFORMED

yes 218, PLACE OF INJURY le.g., in or obout 21C, WHERE DID (if in Boltimore City, give exact location) home, form, factory, street, alfice bldg., NJURY OCCUR?

ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

CERTII

21 D TIME

OF INJURY (APPROX.)

21 E. INJURY OCCURRED

MHILE AT NOT WHILE

23C. NAME OF CEMETERY OF CREMATORY

DUE TO

22. I certify that I held an Inquiry

Inspection

Autopsy X

and that on this bosis, death in my apinion

20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED

resulted from: Notural couses* Accident

(Year)

Suicide CHIEF MEDICAL EXAMINER

Homicide

21F. HOW DID INJURY OCCUR?

Undetermined monner

IN CERTIFYING CAUSES OF DEATH?

ACTUAL. SIGNATURE LUC EXAMINER'S

23B. DATE

Werner U. Spitz,

M.D. ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

DATE SIGNED

State

10/26/65

REMOYAL (Specify)

NAME (Type)

23A. BURIAL CREMATION.

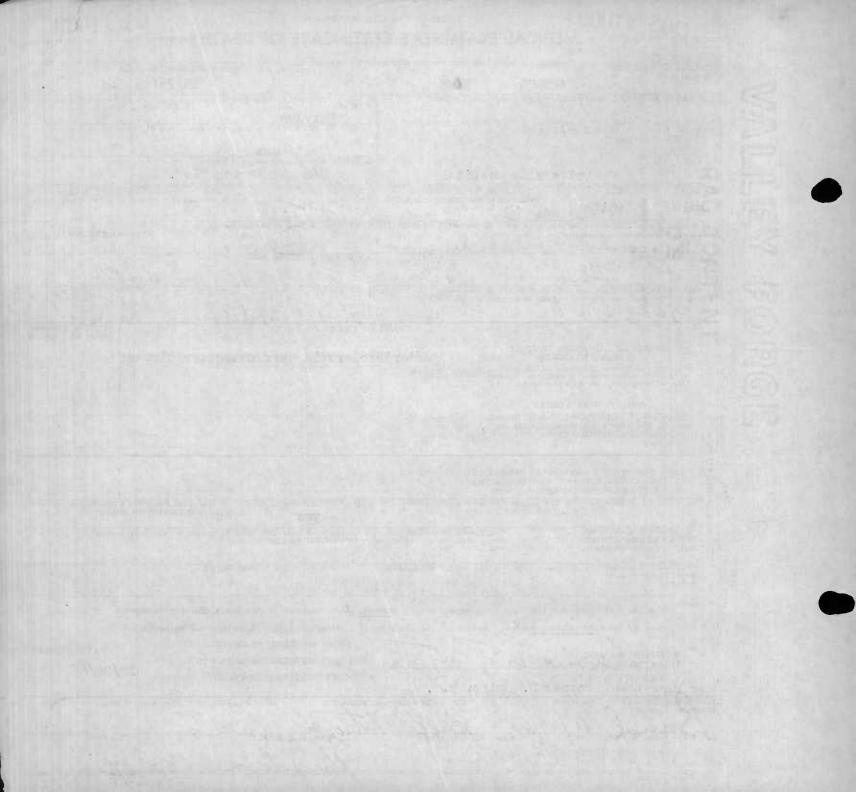
HEALTH DEPT. 248, NAME OF REGISTRAL

FUNERAL DIRECTOR

(Qity, town, or county) ADDRESS

23D. LOCATION

VS 151-REV. 1/1/65



The State of the S

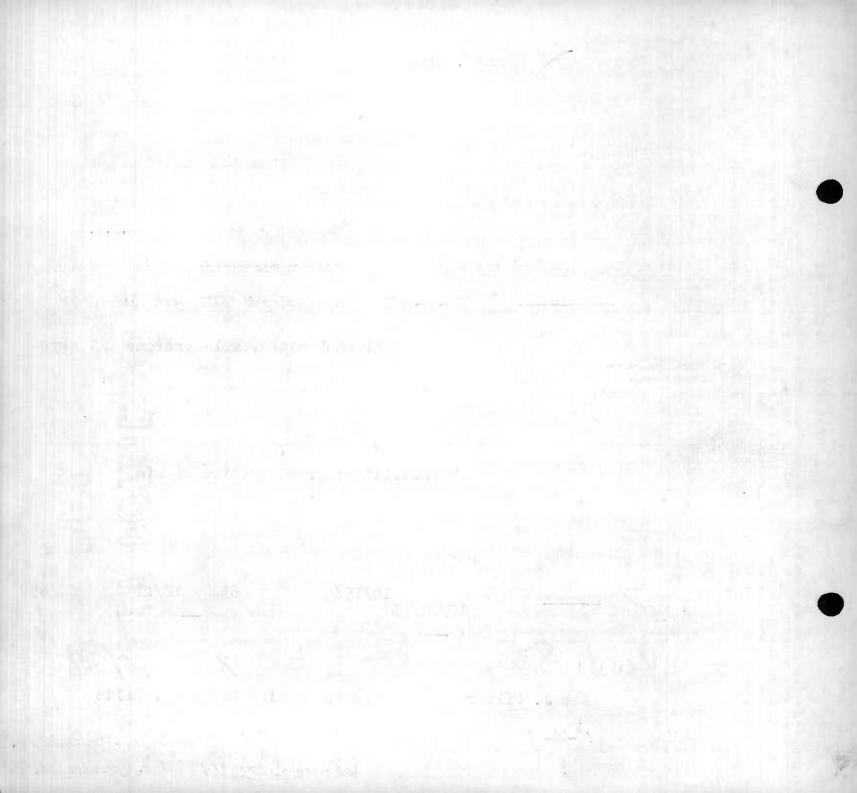
The property of the contract o

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

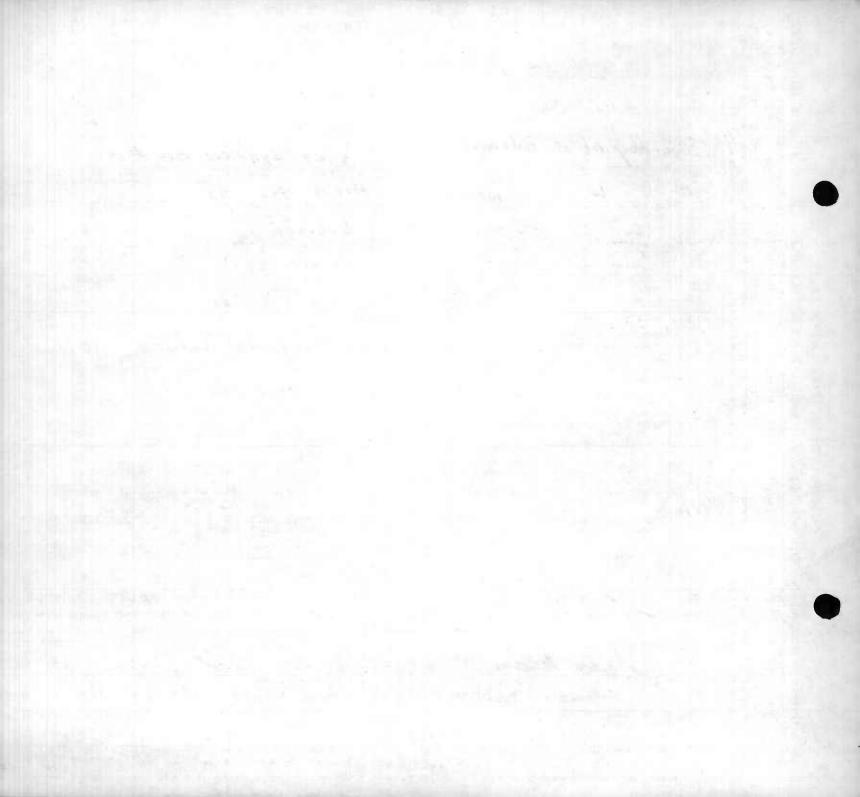
BIRTH NO.	65 11011		CERTIFICA	TE OF DEATH	Registered No	65 110/11
1. NAME OF DEC	JENNIE M	ABEL BO	YER ELY		er 26, 1965	4,30 A. M
3. PLACE OF DE	ATH IN BALTIMORE, MAI	RYLAND		4. USUAL RESIDENCE (When	e deceosed lived. If inst	itution: residence before admission)
FULL NAME OF HOSPITAL OR	OF (If not in hospital and oddress or location		give street	Maryland c. city or town (If our	side city limits, write RU	RAL and give township)
0	inai Hospital			D. STREET ADDRESS (H) 4703 Roland Av	rurol, give locotion)	
5. SEX Female	6. RACE White		NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	UPATION (Give kind of work working life, even if refired)	108. KIND O	F BUSINESS OR INDUSTRY	Pennsylvania	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAM	ME	OCA
Charles	Frank Boyer			Alda Schaeffer		
15 Was Deceases	Fyer in II S Amned For	es?	16. SOCIAL	17. INFORMANT		ADDRESS
os, no or unknown) (IIf yes, give wor or dotes of service) No			SECURITY NO.	Rev. George K.	land Ave., Balto. Mo	
18. 112	2 / 1		CAUSE O			INTERVAL BETWEEN
DISEA	SE OR CONDITION DIR	ECTLY		0+ 0	4.11.2.	ONSET AND DEATH
rise la Ih UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last. II IFICANT CONDITIONS COPEATH BUT NOT RELA CONDITION CAUSING I	stoting the ONTRIBUTIN TED TO TH	(B) DUE TO (C)			
O THE CONTROL OF THE	F OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 208. IF YES, WERE FIR	NDINGS CONSIDERED SES OF DEATH?
_ OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner)	21 B horn etc.	ne, farm, foctory, street, o	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		ile At At Work		URY OCCUR?	5 - 1/4
22 Logstify	that (I) (th is hospital			0 4	965 to	Oct 26 10 65
	last saw the decease		An of			on death accurred on the date
(., (, , , , , , , , , , , , , , , , , , , ,		5 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	view the body after death.	ar in(my) (dor) opini	on death accorded on the date
23A. SIGNATI). Ya		ending Med.	Stoff Phys.	38. DATE SIGNED / 65
23C. PHYSICIA	Robert W. Gar	is	M.D.	23D. ADDRESS 12 E. Eager St	reet. Baltim	ore. Md.
24A. BURIAL CRE	MATION, 24B. DATE	24C. N.	AME of CEMETERY OF CR			town, or county) (Stote)
Burial	29 Oct.		rview Cemeter	Y Kuta 25C. FUNERAL DIRECTOR	stown, Pennsy	ADDRESS
OCT 27	1965 Robert	E, Jan	Lieu; Mill	Burges Funera	1 /96 me, 3631	. Falls Rd, Balto. M
VS 150-REV. 1/1/	65	7	10	1 Wille	Williage	172

Aret our limit The state of the s THE REPORT OF THE PERSON OF TH

1, N.	CASE NO.	EASED.		CERTIFICA	TE OF DEATH	ND HOUR OF DEAT	. 5 11013
(Тур	e or Print)	Henry Lupo	Honn	y J. Lupo)		22-65	3:00
3. P		TH IN BALTIMORE, MA	RYLAND	y J. Eugo)	4. USUAL RESIDENCE (Whe	ere deceased lived. If	institution: residence before odmi
					A. STATE B. CDUP	NTY	222
	ULL NAME D	F (If not in haspital address or location		give street	Maryland		2-03
	NSTITUTION				Baltimore	itside city limits, write	RURAL and give township)
						rurol, give location)	
T	he Joh	ns Hopkins	Hospit	cal			
5. S		6. RACE		NEVER MARRIED	1617 Lanc	aster Str 9. AGE (In years	eet
	_		WIDOWED	D, DIVORCED (specify)		last birthday)	If Under 1 Yr. If Under 2 Months Days Hours
	ale	White		ngle	7-30-26	39	
		JPATION (Give kind of work working life, even if retired)	TIUS KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12, CITIZEN OF WHAT COUNTRY?
	Salesmo				Baltimore,	Maryland	U.S.A.
13. [FATHER'S NAM				14. MOTHER'S MAIDEN NA		
	Vacmore	a Tuna /K	i omi o ==	1,000	Colone a Jan. Car		tanislawa Gurecko
15. \	Was Deceased	e Lupo (Kaz	cos?	16. SOCIAL	17. INFORMANT	resorbed (2)	ADDRESS
(Yes	, no or unknown	(If yes, give wor or date	s of service)	SECURITY NO.			1 4 4 4
	No			220-18-9172	Alfreda Usiech	i 30/1/2 3/	rd. Avenue #34
	18. 32	2.21		CAUSE O	F DEATH		INTERVAL BETWEEN
	4	ANTECEDENT CAUSES		DUE TO			
	DISEASES C	DR CONDITIONS, if a obove cause (A) G CONDITION lost.	any, giving				
ATION	DISEASES OF THE SIGNITO THE DISEASE OR	DR CONDITIONS, if a obove cause (A) G CONDITION (ost.	any, giving staling the CONTRIBUTINATED TO TH	G Malnutri	tion; gram ne	gative se	psis
ERTIFICATION	DISEASES OF THE SIGNITO THE DISEASE OR TO A DATE OF	OR CONDITIONS, if a obove cause (A) G CONDITION lost. FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERI	any, giving stating the CONTRIBUTIN ATED TO THE TO	G Malnutri	tion; gram ne	gative se	PSIS E FINDINGS CONSIDERED CAUSES OF DEATH?
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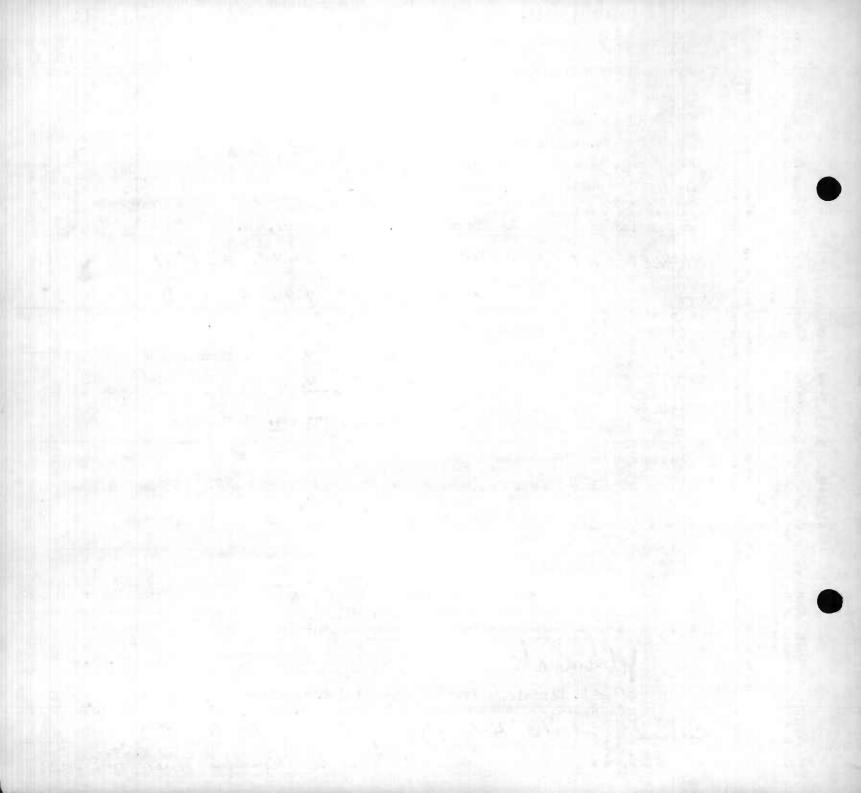
VS 150-REV. 1/1/65



	/VE 4	AGAE	BALTIMORE CITY	Y HEALTH DEPARTMENT				
BIRTH NO.	65 1	TUID	CERTIFICA	TE OF DEATH	Registered No	1.7.5 3.7.5.5		
M.E. CASE NO.	CEASED		CERTIFICA		X	65 11015		
Type or Print)	SOJKA PA	-	P.	2. DATE A	otobe 6	5.65 Au.		
PLACE OF D	EATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If	institution: residence before admissio		
FULL NAME HOSPITAL OR	OF (If not in hospital	or institutio	on, give street		.E. G. B.	1111		
INSTITUTION					URNIE	e RURALLend give township)		
/				D. STREET ADDRESS (IF	rural, give lacation)			
				619 GRE	ENWAY			
M,	6. RACE	WIDO	ED, NEVER MARRIED WED, DIVORCED Ispecify	B. DATE OF BIRTH JUNE 29, 91	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.		
			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF		
	of working life, even if retired)	BAR-	+LOUNGE	Polond		what country?		
FATHER'S NA	ME		0-7,0-0	14. MOTHER'S MAIDEN NA	ME	- Ju Cay		
JOHN	SOJKA			AGNES SO	OJOKA			
es, no or unknow	d Ever in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	2	ADDRESS		
NO	7,00, 9,70 110, 001	0. 361710	219-32-2848	HOSPITAL	RECOR	A		
1B. 15	OXI		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEA	ASE OF CONDITION DE LEADING TO DEATH	RECTLY	11	2 1 . 0 .				
	10:00000 m							
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. II meons the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A) tlemon hose DUE TO (B) Corcurous of each of us DUE TO								
	Us							
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E TO THE I	II NIFICANT CONDITIONS (DEATH BUT NOT REL	ATED TO	ING THE					
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	WAS PER	FORMED		no	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)		21B. PLACE OF INJURY (e.g., i name, larm, factory, street, o etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Baltima	ore City, give exoct locotion)		
21D. TIME	(Month) (Day) (Yearl	(Hour)	TE INJURY OCCURRED	21F. HOW DID INJ	JURY OCCUR?			
(APPROX.)			While At Not While At Work					
22 1	wahaa Milatia Laania			111111	10	10/33		
	,		the deceased from	4 5		10/23 1965		
	lost sow the deceose				not in (my) (pur) op	pinion death occurred on the de		
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
23A. SIGNAT	LICE C	201.	11	anding - AA-J	Sa-M more	23B. DATE SIGNED		
100	1000 W VIZ C	000	Phy		Stoff Phys.	10/23/65		
PHYSICI,	Type HARIA PI	A CA	WINI M.D.	MERCY LY	tosp. Ho	OSE STIFF		
	EMATION, 248. DATE	24C.	NAME of CEMETERY of CRI	EMATORY 24D. L	OCATION (C	City, town, or county) (State)		
REMOVAL	(Specify) 10/27//	55 1	t. Stanislay	0	201	m A		
5A. DATE REC'E	D BY HEALTH DEPT	258 NAAA	E OF REGISTRAR	25C. FUNERAL DIRECTOR	allo.	may ,		
OCT 9	7 1965 (7.0	- 1	Farlieuma	W. Fialker	2	00 7 Eastern a		
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S 150-REV. 1/1/	/63	1		6 6 6	1			

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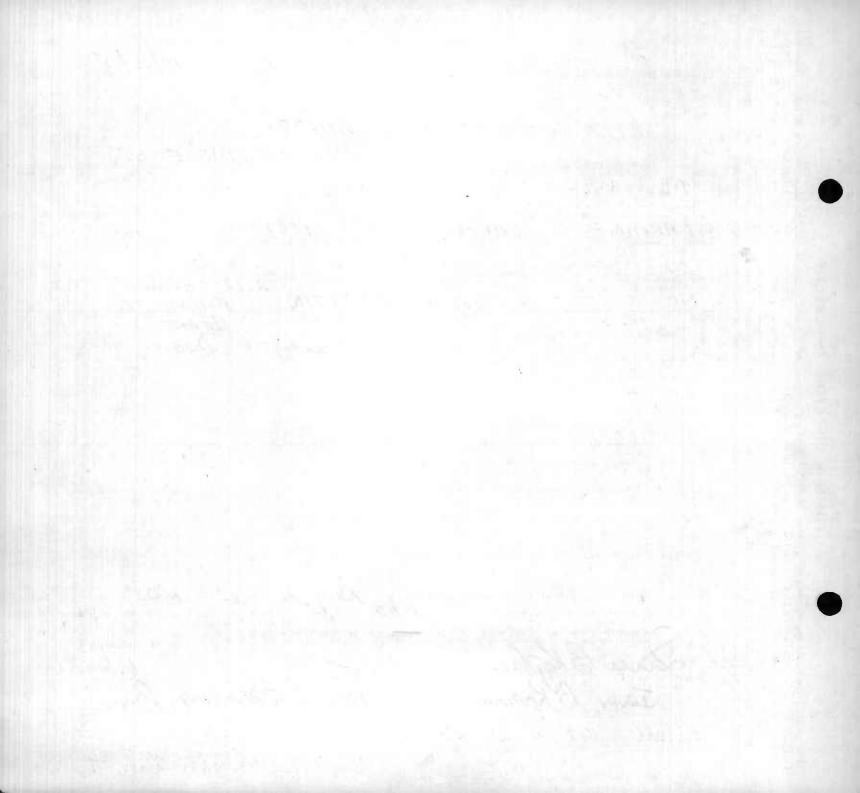
	65 110	16	BALTIMORE CITY	HEALTH DEPARTMENT		05 A1010
IRTH NO.	OU LIO.	10	CERTIFICA	TE OF DEATH	Registered Na.	65 11016
NE CASE NO.	CEASED			2. DATE	AND HOUR OF DEATH	
Type at Print)		IECHOWS	SKI, SAMUEL		ctober 25,196	
PLACE OF DE	ATH IN BALTIMORE, MA		, , , , , , , , , , , , , , , , , , , ,	4. USUAL RESIDENCE (V	Vhere deceased lived. If i	nstitution: residence before admission
				A. STATE B. CO	YNUY	11/1
FULL NAME (OF (If not in hospital address at location		give sheel	Maryland		21037 94
INSTITUTION	0001033 01 10001101			Edgewater,		RURAL and give township)
					(If rural, give location)	205-00
	St.Joseph	St.Joseph Hospital			Route # 3	
SEX	6. RACE		D, DIVORCED (specify)	8. DATE OF BIRTH	9, AGE (In years lost birthday) 57	Manths; Days Hours; Min.
Male	White	Marı		7-18-08		
	CUPATION (Give kind of work working life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Longshor		TI.A S	STA of Balto.	Baltimore,	Md	WHAT COUNTRY
FATHER'S NA		7246	JIM OI DAIOO!	14. MOTHER'S MAIDEN		
		a 12-2 11	71116 61			1.7
	EL WOSC		ULUSAI		IE KLIC.	7
Nas Deceases	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
UC	7 3		216-10-1167	HOSPITAL	RECORI	
18.	AVI		CAUSE O			INTERVAL BETWEEN
(C)	SE OF COMPUTOUR DI	NE CEL V	GAGGE 6	· DEATH		ONSET AND DEATH
DISEA	SE OF CONDITION DIE	RECILI	~			
(This does	nol mean the mode of	dvina e a	(A) Coro	nary occlusion teriosclerotic	00 200 0000	la-
heart failure,	asthenia, etc. II means	the disease,		cerioscierotic	cardiovascu.	lar
injuly ar cor	mplication which caused	death.)				
	ANTECEDENT CAUSES		(B) DIAD	etes mellitus		
DISEASES	OR CONDITIONS, if	any, giving				
rise to th	e above couse (A)		(c) Gang	rene, 4th toe,	right foot.	
UNDERLYIN	G CONDITION lost.					
	11					
OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTIN	G			
DISEASE OR	CONDITION CAUSING	T.	16			
19A. DATE O	F OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED
0				No	III CERIII III CO	OSES OF DEATH.
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	218	B. PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR	(If in Baltimar	e City, give exact location)
DEATH (notify	y medical examiner)	etc.		nice biog., INTOKE OCCUR:		
21D. TIME	(Month) (Doy) (Yeo)	(Houi) 21E	INJURY OCCURRED	21F HOW DID	INJURY OCCUR?	
OF INJURY			nile At Not Whil		INJURI OCCUR:	
(APPROX.)		W				
22. I certify	that (1) (this hospital) attended t	he deceased from	October 8,196	5 19 10	October 25, 19 6
						inian death accurred an the do
1				•		inian death accurred an the do
		red abave. (l) (We) (did) (dld nat) v	iew the bady after deat	h.	
23A. SIGN AT	URE	1				23B. DATE SIGNED
	11111000	215	M.D. Atte	ending Med.	Stoff Phys.	Oct. 25, 1965
23 C. PHYSICIA	AN	7		23D. ADDRESS		
NAME (Type)				2 O. D. 21.	
	Jose D. Man	malo,	M.D.	1400 N. Carol		more, Maryland
REMOVAL	MATION, 248. DATE	24C.N	AME of CEMETERY OF CRI		LOCATION (C	ity, town, or county) (State)
Buch	0 10/28/	65 N	oly Rosar	· Cana.	Balto - 2	NQ. 7 Eastern aur. uto. me. 21231
A. DATE RECT	BY HEALTH DEPT.	25% NAWAR	OFFICISTRAD	125C FUNERAL DIRECT	TOP .	ADDRESS -
DCT 27	1965 (P.O. B	18 Ja	Jey M.D.	1112 7 111	1 200	7 Eastern air.
001 21	1000 Uboak	1	7	w reade	owspe Bo	uto. mo. 21231
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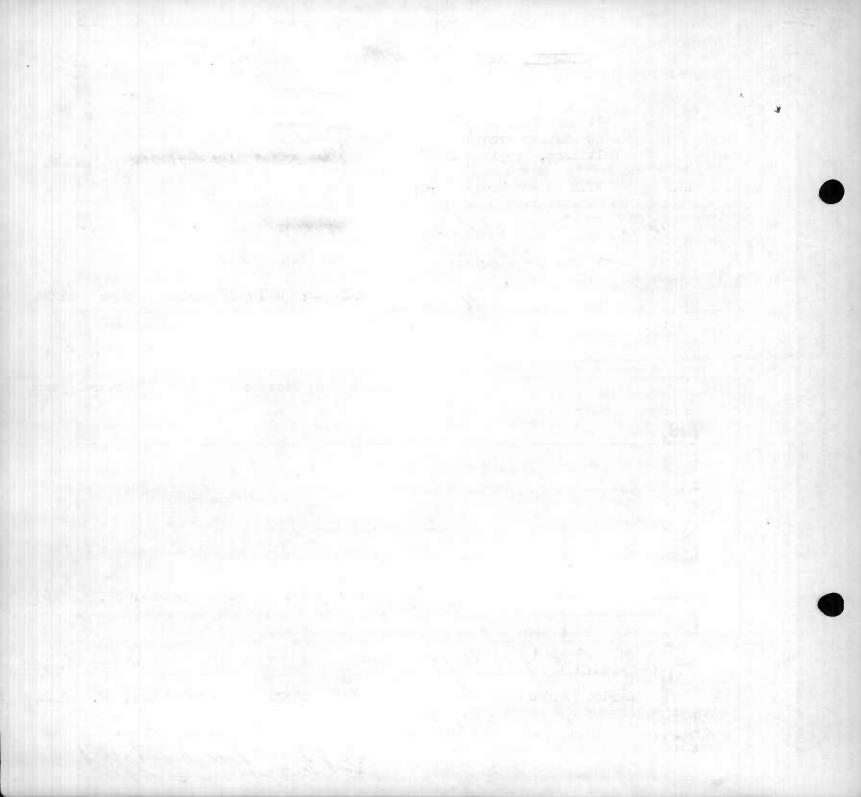


-	3CN	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	Written approval must be obtained before the remains are embalmed or final disposition is made.
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	This certificate must be app the body was released to t shows: (1) An accident of a was D.O.A. at a hospital (deceased prior to death);	FOVO
	y we (1) A.	GOD
	bod ws: (tten
	This the sho was	×

BALTIMORE CIT	T HEALTH DEPARTMENT		05 44047	
CERTIFICA	TE OF DEATH	Registered No	PD TIOI	
			-, , ,	
TITIAL				
AND	4. USUAL RESIDENCE (Where deceosed lived, If institution, residence before admission)			
	A. STATE B. COUN	ITY	1-011	
institution, give street			1-04	
20:00 F G	0 0	tsido city limits, write RI	URAL ond give township)	
1BRIDGE ST.	13,1-			
	2112 CAM	113K106E	5/'	
		9. AGE (In years	Months Doys Hours Min	
MARRIED	10-18-88	77		
B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	12. CITIZEN OF		
EARM	DOIA	NIO	POLAND	
FILL			PULITIED	
FATHERS NAME NOT KNOWN				
1 6. SOCIAL SECURITY NO.	17. INFORMANT	112 CAMI	BRIDE ST.	
	C. TUTIAL	BAITA	MA. 7/23	
	OF DEATH	MILLIO	INTERVAL BETWEEN	
TIV		HRART	INTERVAL BETWEEN ONSET AND DEATH	
/10	TERM SUBRUTI	c DISTAGE	YEARS	
ring, e.g., DUE TO				
(B)				
DUE TO				

NTRIBUTING				
MED WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CALL	NDINGS CONSIDERED	
218. PLACE OF INJURY (e.g.,	office bldg. INJURY OCCUR?	(If in Boltimore	City, give exect location)	
etc.)				
Hour 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
	/ 1		1	
ottended the deceased from	Aug 25	19 62 to 101	Q3 19.6J	
alive on /0//	19. 45 ond th	ot in (my) (our) opin	ion death occurred on the	
	238, DATE SIGNED			
0		ttending Med. Stoll		
M.D. Att	dending Med.	Stoll -	23B, DATE SIGNED	
Han M.D. Att	ys. Director		238. DATE SIGNED / / / / / / / / / / / / / / / / / / /	
Phy	Pending Med. Director [23D. ADDRESS B	Stoll -	238. DATE SIGNED 10/25/65	
Han M.D. Att	ys. Director	Stoll -	238. DATE SIGNED 10/25/65 BASTO 31 M	
Phy M.D. 24C. NAME of CEMETERY or CR	23D. ADDRESS Director B/A 24D. Let	Stoll Phys. Phys. Phys. Po ADWAY	BATO 31 M	
Phy M.D. 24C. NAME of CEMETERY or CR	23D. ADDRESS 199 SEMATORY 24D. Li	Stoll Phys. 20 ADWAY OCATION (City	10/25/65 BAJTO 31 M	
TPLAN M.D.	23D. ADDRESS Director 23D. ADDRESS DR. BR. 24D. L. 24D. L.	Stoll Phys, Phys, Phys, Phys, Physical Physics Physical Physi	10/25/65 BASTO 31 M (Store md),	
THEAN M.D. 24C. NAME OF CEMETERY OF CR	23D. ADDRESS 199 SEMATORY 24D. Li	Stoll Phys, Phys, Phys, Phys, Physical Physics Physical Physi	10/25/65 BALTO 31 M	
	CERTIFICATION AND Institution, give street ABRIDGE ST. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) MARRIED B. KIND OF BUSINESS OR INDUSTRY FARM CAUSE (If service) I 6. SOCIAL SECURITY NO. I 68 - 14 - 24 IV CAUSE (ITLY Ing. e.g., e diseose, ath.) (B) DUE TO ITRIBUTING D TO THE ION FOR WHICH OPERATION MED 218. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.) Hour) 218. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.) Hour) 218. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.) Hour) AI Work AI Work	CERTIFICATE OF DEATH 2. DATE AND AND AND A. USUAL RESIDENCE (Whe A. STATE B. COUN M.) C. CITY OR TOWN (If ou B. DATE OF BIRTH IO-18-88 E. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fore Service) I de service) CAUSE OF DEATH TLY Ing., e.g., e. diseose, alh.) (B) DUE TO CITIEBUTING TO THE TON FOR WHICH OPERATION MED CERTIFICATE OF DEATH A. USUAL RESIDENCE (Whe A. STATE B. COUN M.) C. CITY OR TOWN (If ou B. DATE OF BIRTH IO-18-88) B. DATE OF BIRTH IO-18-88 B. DATE OF BIRTH IO-18-88 B. DATE OF BIRTH IO-18-88 ITALIAN IA MOTHER'S MAIDEN NAI AND T. IN CAUSE OF DEATH TLY INDUSTRIBUTING DUE TO ITRIBUTING DO TO THE ION FOR WHICH OPERATION MED AT WHICH OPERATION AND WHICH OPERATION AND While Al Work Tended the deceased from A. WAG 25 INTERPOLO SCLERED INJURY OCCURRED 21F. HOW DID INJURY OCCURRED While Al Work Tended the deceased from A. WAG 25 INTERPOLO SCLERED 21F. HOW DID INJURY OCCURRED While Al Work Tended the deceased from A. WAG 25	2. DATE AND HOUR OF DEATH TO AM AND A. USUAL RESIDENCE (Where deceased lived, If ins a state is a country) A. STATE B. COUNTY B. COUNTY A. STATE B. COUNTY D. STREET ADDRESS (If rurol, give location) D. STREET ADDRESS (If rurol, give location) 10-18-88	





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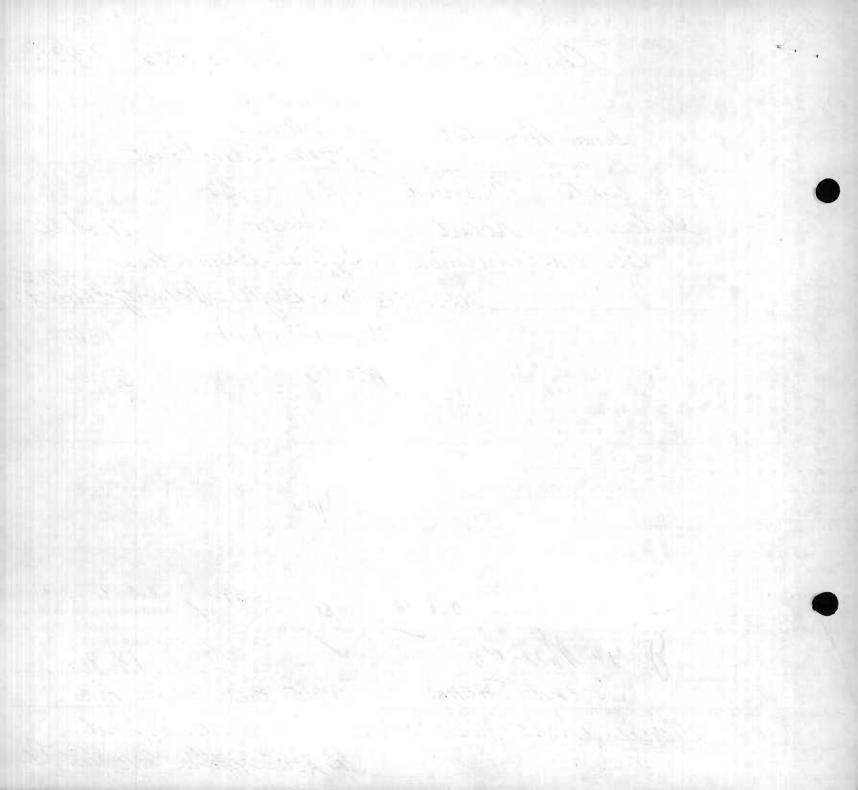
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BALTIMORE CITY HEALTH DEPARTMENT



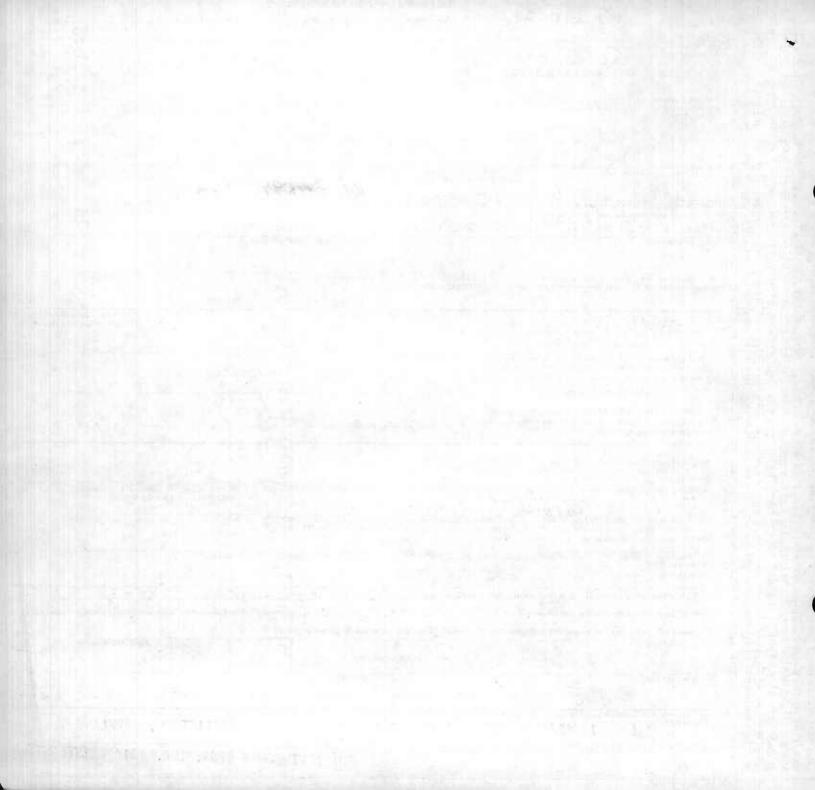
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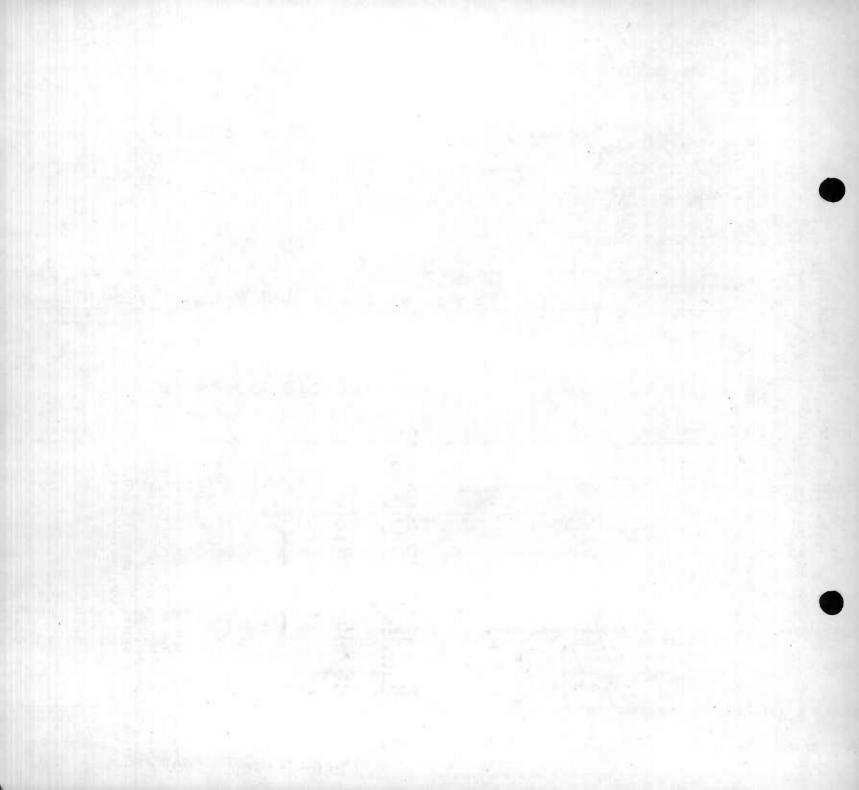
BALTIMORE CITY HEALTH DEPARTMENT



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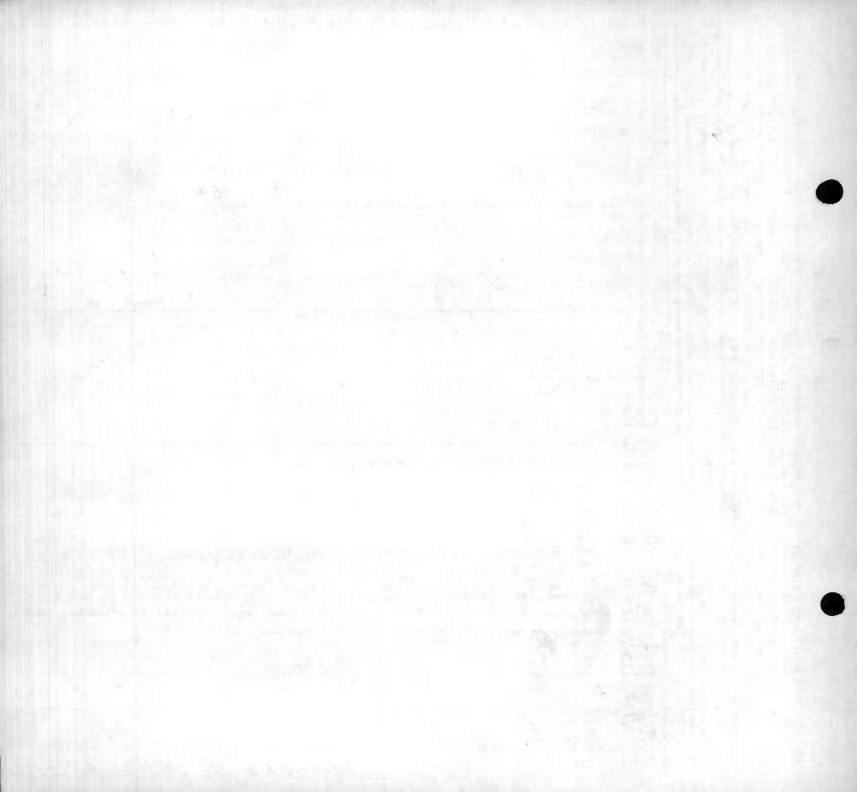


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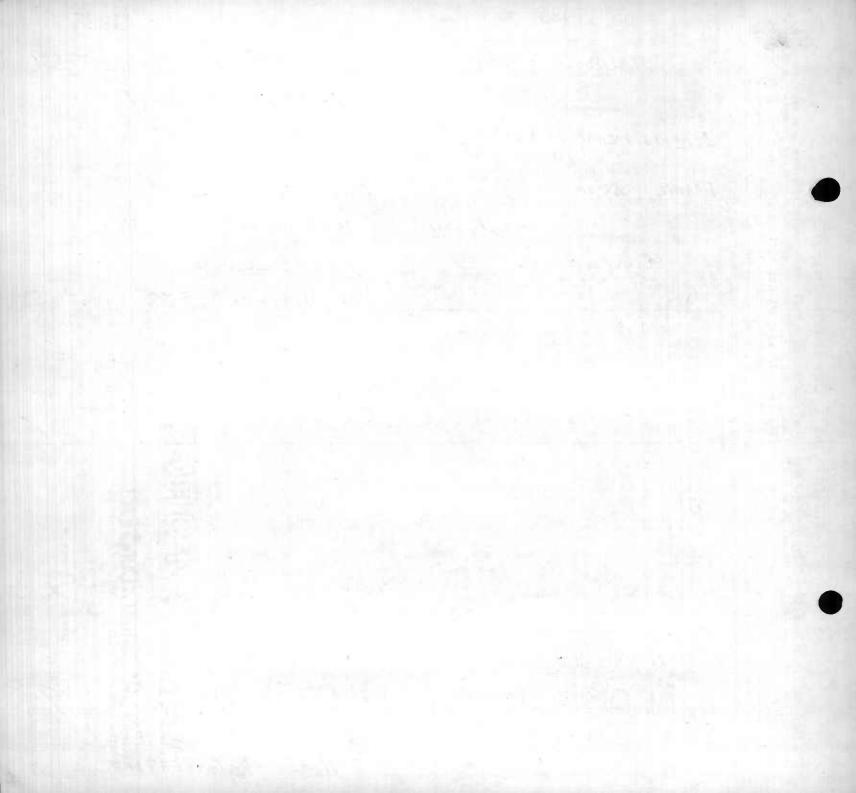
	BALTIMORE CIT	Y HEALTH DEPARTMENT	0.0	44004
NRTH NO. 65 1102	4 CERTIFICA	TE OF DEATH	Registered No.65	1TUZ4
M.E. CASE NO.	021(11110)		D HOUR OF DEATH	
Type or Print) GEORGE WA	.v		25-65	1 2:05 P
PLACE OF DEATH IN BALTIMORE, MARYLAN	• •	4. USUAL RESIDENCE (Where	e decoosed livod. If instit	tutjon: residence before admissi
		A. STATE B. COUNT	TY	1802
FULL NAME OF (If not in hospital or insti	itution, give street	MARYLAND		
INSTITUTION	٠.	C. CITY OR TOWN (If outs		RAL ond give township)
/ FRANKLIN SQUAK	HOSPITAL	PALTIMORE	23	
			urol, give lacotion)	
		1	ULBERRY ST	
	DOWED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. II Under 24 h
DA, USUAL OCCUPATION (Give kind of work 10B, K		11. BIRTHPLACE (State or foroig	gn country)	12. CITIZEN OF
one during most of working life, even if retired)		9011511 0	AROLINA	WHAT COUNTRY?
ONKNOWN				0. 3.
FATHERS NAME		14. MOTHER'S MAIDEN NAM	At .	
WILLIAM WA	X	NOR	A MILLER	
. Was Deceased Ever in U. S. Armed Forcas?	1 6- SOCIAL	17. INFORMANT		ADDRESS
os,no orunknown) (If yes, give wer ar dates of se	SECURITY NO.	MEDI	CAL RECI	N- h
INEMOWN	CALISE	OF DEATH	1.20	INTERVAL BETWEEN
5/3X		VI DEMIN		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	P	Il Wallany t	THROLI Zil	1-10 DAVE
(This does not mean the made of dying	(A) DUE TO	ulmourry \$	-100001011	77/2
heart failure, asthenia, etc. It means the d	iseose,			
injury ar camplication which coused death.		MAYEMA, LEF	÷ T	10 days
ANTECEDENT CAUSES	DUE TO	X		J
DISEASES OR CONDITIONS, if ony,				
rise to the above cause (A) statin	g ine (C)		***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRI	IBUTING			
TO THE DEATH BUT NOT RELATED				
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yos of No)		
WAS PERFORME		TES	IN CERTIFYING CAUS	
21A ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(II in Boltimore C	City, give exect location)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinal)	home, form, factory, street,	office bldg., INJURY OCCUR?	•011111016	, gro savet lecollelli
21D. TIME (Month) (Doy) (Year) (Hou	1 21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	White At Not Whi			
00 1			0 KY. No	TOBER 25 19 65
22. I certify that (1) (this hospital) atte		- ()	9 to	10000 25 19 68
that (1) (we) last saw the deceased aliv	ve an Oetober	25 1965 and the	at In(my) (aur) apinio	an death accurred an the c
and haur and from the causes stated ab	ave. (1) (We) (did) (dld nat)	view the bady after death.		
23A. SIGNATURE			/ 2	3 B. DATE SIGNED
J.V. de Boya	M.D. At	tending Mod.	Stolf	10-25-65
	Ph	ys. Director 123D. ADDRESS	Phy s. 🔽	,0 - 5 - 0 5
23C. HYSICIAN'S (MAME (Type)			d 6 mm 11	
JACINTO Y- DE	BORIL M.D.	THANKLIN SOUN	ake HOSPITA	f L
AA. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CE	REMATORY 24D. LC	CATION (City,	town, or county) (State
REMOVAL (Specify)	MTCARVE.	-Man.	1,001	Md
5A, DATE REC'D BY HEALTH DEPT. 208. N	JAMAF OF DEGISTOAD	25C FUNERAL DIRECTOR	4101	ADDRESS
OOT 07 1965 A 0 6	Table Par	230, POHERAL DIRECTOR	0 -	1701
III. Z (1300 U LOUND C.		MARTON +1	1.011	1701 LAGRENS

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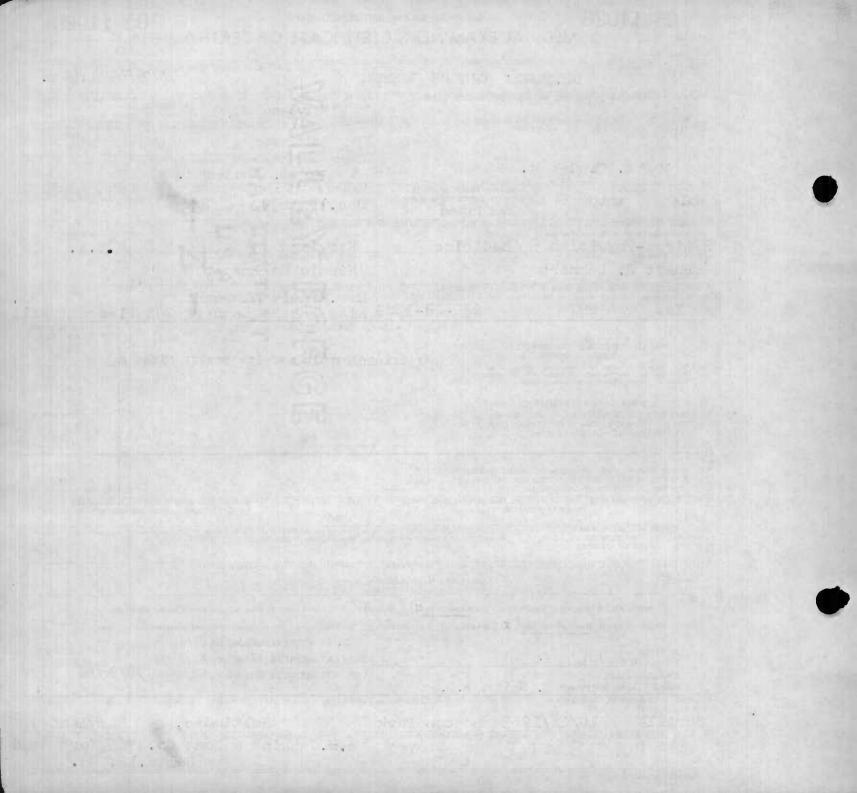
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	05 44095	BALTIMORE CITY	HEALTH DEPARTMENT	
	тн No. 65 11025	CERTIFICA	TE OF DEATH Registered No.	65 11025
	E CASE NO.		2. DATE AND HOUR OF DEAT	Н
	pe or Print) mani P	-tor	Frot - 3 -	1965 5301.
3.	PLACE OF DEATH IN BALTIMORE, MARYLANI	D 7 7 7	4. USUAL RESIDENCE (Where deceased lived, 4f	institution: residence before admission
			A. STATE B. COUNTY	7 +
	FULL NAME OF (If not in hospitol or institution) HOSPITAL OR oddress or location)	lution, give street	1508 Brund S	truf -
		1/ -	C. CITY OR TOWN III outside city limits, write	e RURAL and give township)
1.1	in ald manarial NU	rsing Home	D. STREET ADDRESS (If rurol, give location)	1- 19-00
1	incold memorial Nu	rev 5 # 42.013	D. STREET ADDRESS (If rurol, give location)	
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5. 5	wit	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Min.
	emale Negro		may 8-1882 82	
	USUAL OCCUPATION (Give kind of work 10B, KI eduring most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTIPLACE (Stote or loreign country)	12. CITIZEN OF WHAT COUNTRY?
0011	1	entreun	Unknown	U.S.A.
13.	FATHER'S NAME	100/00	14. MOTHER'S MAIDEN NAME	-1, 8,,,,,
	11.4		1. 4	
1.5	Untrawa	11 / 20 2/ ::	unprawer	
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (II yes, give wor or dotes of se	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	w) 0		MARY MATTHEWS 150	DR DryNT ST.
	18. 7/AV	CAUSE O	F DEATH	INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECTLY	/	(1) (1)	ONSET AND DEATH
	LEADING TO DEATH	(A) 6 a	so, Vasanta	
	(This does not mean the made of dying,	e.g., DUE TO	1 (-1	2
	heart failure, ostherio, etc. It meons the di injury or complication which coused deoth.		as della die	
	ANTECEDENT CAUSES	(B)	120000000000000000000000000000000000000	Well 5
	DISEASES OR CONDITIONS, if any,	giving DUE TO	O d d A A	
	rise to the above cause (A) stating		or on	1 das
	UNDERLYING CONDITION loss.			
7	11			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED T	BUTING O THE		
	DISEASE OR CONDITION CAUSING IT.		120A ALIXABEVA (Vo N. II OOR 15 V-	S SINDINGS CONSTRUCTION
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
CERT	21A ACCIDENT WAS UNDERLYING	218 BLACE OF INTERVAL	V O	City of the city o
T.	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	fice bldg., INJURY OCCUR?	ore City, give exact facation)
CAL	DEATH (notify medical examiner)	etc.)		
EDI	21 D. TIME (Month) (Doy) (Year) (House OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
\$	(APPROX)	While At Not While At Work	e	11
	22 1:(.) (!) (.) : 1:.	7	non last	1 77 to
	22. I certify that (I) (this hospital) atter	// _ //	196-10	199
	that (I) (we) last saw the deceased aliv		- 1194 S and that in (my) (aur) a	pinian death occurred on the dat
	and have and from the causes stated abo	ave. (1) (We) (did) (did not) v	lew the bady after death.	
	23A. SIGNATURE			23B. DATE SIGNED
	119	ARLA M.D. Atte	ending Med. Stoff Phys.	10.52.08
	23C. PAYSICAN'S NAME TYPE		23D. ADDRESS	
	NAME VP	CARIA M.D.	403/11/1	11/1/50
244	NUMBER OF THE PROPERTY OF THE	- 00 0	70011010	VUIT
245	REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR	EMATORY 24D, LOCATION	City, town, or county) (Stote)
8	wiel 10-26-65	MI, CAIV	AKY H. A. CO	Md.
25 <i>A</i>		AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	OCT 27 1965 (0 6	E tarbey M.A	Morton Dietto	1701 Laurens St
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l.	NAME OF DEC		R.ERNE	ST CH	HARLES LEHN	ERT	2. DATE AND	HOUR PRONOUNC	725785	4:45 p	
		IMORE, MARYLA					yland	deceosed lived. If inst B. COU	itution: resid	ence belore odm	is sion)
HUIN	LL NAME OF OSPITAL OR STITUTION	ADDRESS O	R LOCATION	N)	TION, GIVE STREET		WN (If outside	corporate limits, write	BURAL on	d give township	-
0	3003	N. Char	les St.			D. STREET ADD		give locotion) arles St.			
	male	6. RACE White		DO WED, DI	NEVER MARRIED NORCED(specify)	Dec.19		9. AGE (In lost bight)	Months [1 Yr. If Under 2 Doys Hours	4 Hrs. Min.
do F	ne during most of w	vorking life, even if Physici	f retired)		BUSINESS OR INDUSTR	Maryl	and			OF COUNTRY?	
		J. Lehr				The second second	e Mullm	neyer			
		O EVER IN U.S. (If yes, give wo	r or dotes of		16. SOCIAL SECURITY NO. 220-44-3589		nnie Al ertha I	lbrecht Lehnert 70	ADDRESS		Rd. Hill
	(This does n	LEADING TO	mode of dyin	ng, e.g.,	(A) Arteri	oscle ro tio	cardio	vascular di	sease		PEATH
NOTACI	(This does in heart failure, injury or con DISEASES (RISE TO THUNDERLYIN) OTHER SIGI	LEADING TO not mean the r osthenia, etc. nplication which NTECEN DENT OR CON DITION E ABOVE CAUS NG CON DITION II NIFICANT CONI DEATH BUT I	DEATH mode of dyin in moons the coused death CAUSES NS, IF ANY, IE (A) STATIN LAST. DITIONS CON NOT RELATE	ng e.g., diseose, t.) GIVING NG THE	(B)	oscle rotic	cardio	vascular di	sease		DEATH
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ENICAL CERTIE	(This does in heart failure, in jury or con heart failure, in jury or con an	LEADING TO not mean the or osthenia, etc. nplication which INTECENDENT OR CONDITION E ABOVE CAUS III NIFICANT CONI DEATH BUT II OPERATION II L CAUSE WAS OR CONTRIB- SE OF DEATH. (Month) (Doy wiffy that I held ted fram: Not	DEATH mode of dyin in mons the coused death CAUSES NS, IF ANY, IE (A) STATIN N LAST. DITIONS COM NOT RELATE CAUSING IT. PSR. CONDITION PSR. CONDITION ON THE CAUSING IT. TO CONDITION ON THE	GIVING NG THE NTRIBUTIN ED TO TH ON FOR W MED 218. P home, etc.) (Hour) 21 W MITY S A A	G G CACE OF INJURY (e.g., form, foctory, street, form, foctory, street, form) E. INJURY OCCURRED CHILE AT NOT AT V Inspection Sulcice M. D M. D	20 A. AUTOPSY NO in or obout 21 C. Noffice bldg INJUR' 21 F. H WHILE ORK topsy On In CHIEF M	Y? (Yes or No) 2 WHERE DID (1 Y OCCUR? OW DID INJUITED THE STATE OF T	20B. IF YES, WERE FILE IN CERTIFYING CAU: If in Boltimore City, gi RY OCCUR? s bosis, death in a Indetermined manner AMINER AMINER	NDINGS COSES OF DEA	ATH?	



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(F) (E) (F)

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	-	3	6	1
ficate must be approved by the chief medical examiner or his assistant if death oc was released to the hospital by a medical examiner. Also, if the direct or con) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetern A. at a hospital (except where the physician who pronounced death was in relapior to death); and (6) No physician was in regular attendance on the decease approval must be obtained before the remains are embalmed or final disposition is		curred in a hospital and fributing cause of death	nined cause; (5) Deceased aular attendance on the	sed prior to death. Such
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ficate must be approved by the chief was released to the hospital by a m). An accident of any nature; (2) Body. A. at a hospital (except where the py prior to death); and (6) No physicial pproval must be obtained before the	AL DIRECTO	medical examinedical examin	burns; (3) A fre	in was in reguremains are er
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ficate m was rel) An acc A. at a l prior to	•	ust be approve	ident of any na	death); and (must be obtain
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BAL	TIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 65 11028 CE	RTIFICATE OF DEATH Registered No.5 11028
M.E. CASE NO. 1. NAME OF DECEASED	As 1 2. DATE AND HOUR OF DEATH
Type or Print Dertrude Taw	tikowske Oct 27, 1965 12 45
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admi
FULL NAME OF (If not in hospital or institution, give street	Hew Jersey.
HOSPITAL OR address or location	C. CITY OR LOWN (If oursigle city limits, write JURAL and give township)
J. C. Happing Ha	sital Timber
Home Hoference 1 20	D. STREET ADDRESS (If rural, Taye location)
	21-W. Banche, St
S. SEX 6. RACE 7. MARRIED, NEVER MA	
Famale Walter makker	1-39-29 36
OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS	
done during most of working life, even if retired)	WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	
Trank sacowske	- Muchalene Jankeling
5. Was Deceased Ever in U/S, Armed Forces? Yes, no ar unknown) (If yes, give war ar dates of service) SECUR	TY NO. ADDRESS
1B. 1 -7 (- 1)	CAUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEAT
LEADING TO DEATH	" (A of Ovary = metastage)
(This does not mean the mode of dying, e.g.,	DUE TO
heart foilure, asthenio, etc. It means the disease, injury or complication which caused death.)	11 1 -41
ANTECEDENT CAUSES	(B) Hydrothanax recurrent
DISEASES OR CONDITIONS, if ony, giving	DUE TO'
rise to the above couse (A) stating the	(C)
UNDERLYING CONDITION last.	
, III	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION CAUSING IT.	IAAA AAAAAA WAAAAAAAAAAAAAAAAAAAAAAAAAA
198. CONDITION FOR WHICH OPE	IN CERTIFYING CAUSES OF DEATH?
E 10 1 3 1 4 3	ary for
OR CONTRIBUTING CAUSE OF home, form, for	tNJURY (e.g., in or about 2°C, WHERE DID tory, street, office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
21D. TIME Month) Doy) Year) Hour) 21E. INJURY O	CCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) White At Work	Not While At Work
	10/10/10/10/10/10
22. I certify that (1) (this hospital) attended the deceas	
	26 10em 19 65 and that In(my) (aur) aplnian death accurred an th
and have and from the causes stated abave. (1) (We) (did	
23A. SYGNATURE/	23B. DATE SONED
Milale	M.D. Attending Med. Stoff Phys. 23B. DATE SYGNED 10/27/65
23C. PHYSICIAN'S	23D. ADDRESS
DR.ME CYPR. WHEELES.	M.D.
REMOVAL (Specify) 24B. DATE 24C. NAME of CE	METERY of CREMATORY 24D. LOCATION - ICity, town, or county) (S
gemoral cert 1/165 offer to	is been nin Alington 11 of
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA	
OCT 27 1965 R. C. B. E. Farken M.	Philip Menical News Tolly
ULI G (1300 (), De, IT E, ATOLINEUP !!	11 Mill Henry Hone Callend

DOCESTIONS 12 PM CA of Overy metadous Hypliothonogrammit 54/21/01 -03/0/a ne/01 10/27/45

IMPORTANI

DIRECTOR: FUNERAL BALTIMORE CITY HEALTH DEPARTMENT

(City, town, or county)

If Under 24 Hrs.

Hours !

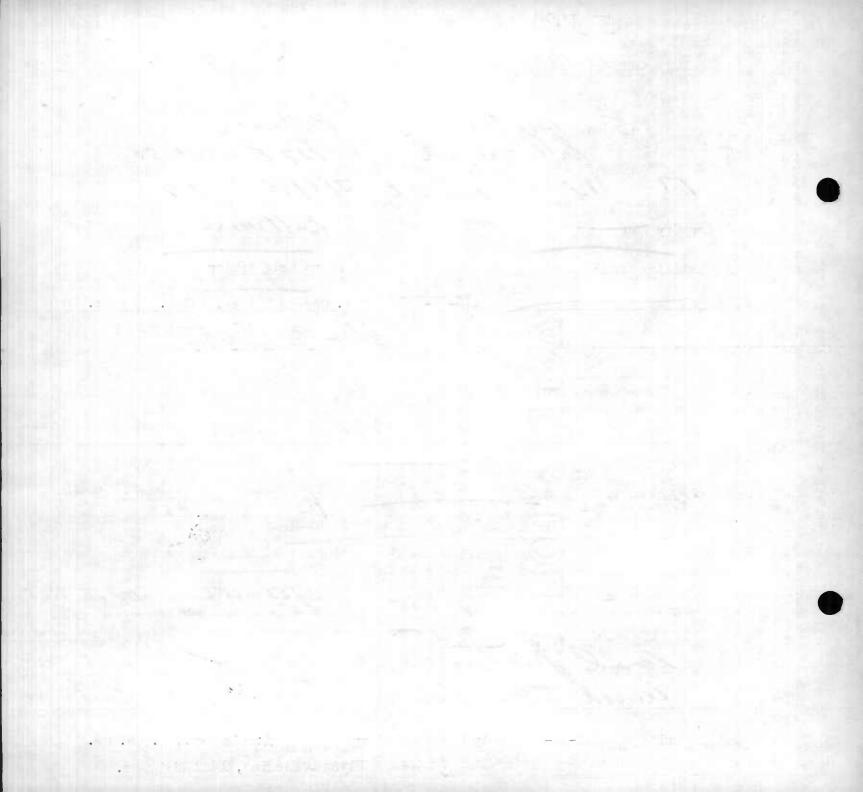
WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN

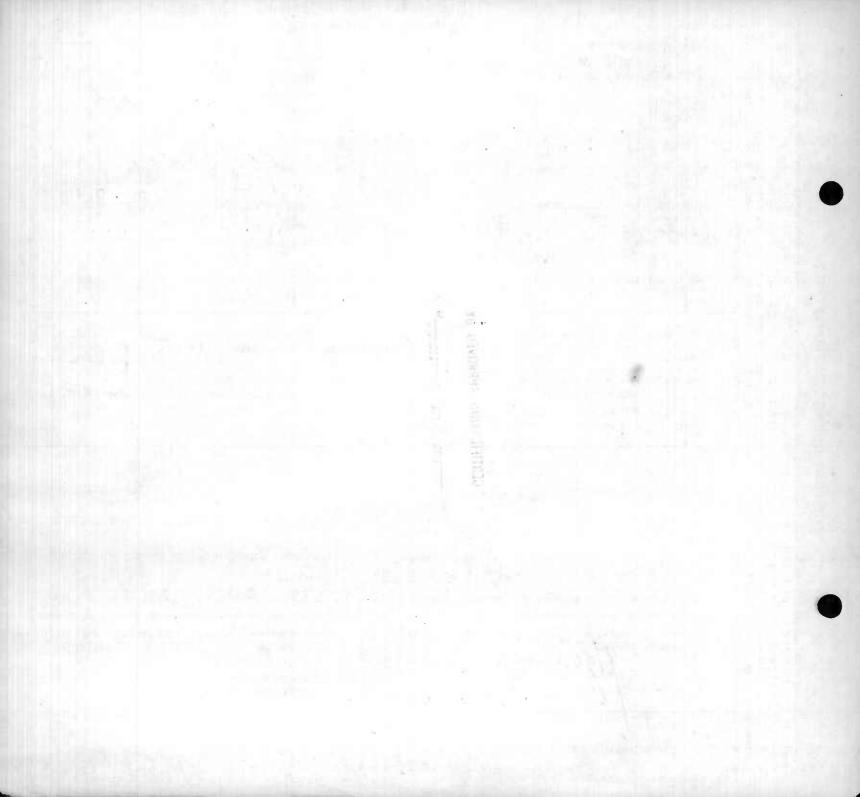
ONSET AND DEATH

VS 150-REV, 1/1/65



1 L	115		BALTIMORE CITY	HEALTH DEPARTMENT		65 11630
IRTH NO.	165 11030		CERTIFICA	TE OF DEATH	Registered Na.	00 11000
AL CASE NO.	FCFASED			DATE AN	ND HOUR OF DEATH	
Type or Print)		7/1		10/		1450
PLACE OF D	DEATH IN BALTIMORE, MA	RYLAND	7	4. USUAL RESIDENCE (Whe		7
				A. STATE B. COUN	YTY	0.4
FULL NAME		or institution,	give street	Mod		20-08
INSTITUTION					itside city limits, write F	RURAL ond give township)
/ Mer	cy Hosp. 1	Baltim	ore tid	Baltimore		
/	/				rurol, give location)	0 11 911
						e Balto 24
. SEX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
1	W	Wide	oned	6/16/86	79	
	CUPATION (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
-	of working life, even if retired)	hom	-	Balta Md		1,011
POUSE H		11000	4	14. MOTHER'S MAIDEN NA	MF	0324
71 /	1	/	2611/	, ,	0 -	4.
Unk	nown TREES	REK V	, DRUMR	Unknows	MANIE	MRIER
Was Deceas	ed Ever in U. S. Armed For	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
110	7-1, 3.10 110. 0. 0010	2. 23.77.007	NONE	Hosa 11	+	
1B. 11	0011		CAUSE O	Hosp. Cha		INTERVAL BETWEEN
DISE	ASE OR CONDITION DIE	ECTIV				ONSET AND DEATH
Disc	LEADING TO DEATH	CCILI	C.	ngestive He	ant Faiture	e 5 mos
(This does	not mean the mode of	dying, e.g.,	DUE TO	19 63.70		
	e, osthenio, etc. It meons omplication which coused		,			and the second second
1.110.7 0. 0	ANTECEDENT CAUSES		(B) Cala	ific auntic 5+	EWIS15	
DISTAGES			DUE TO			
	OR CONDITIONS, if the obove couse (A)		(c) A5	CUD		
	NG CONDITION lost.		***************************************		***************************************	
	- 11		Part of the last			
OTHER SIC	INTELLEMENT CONDITIONS C					
DISEASE C	DEATH BUT NOT RELA		E			
	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No	O) 20B. IF YES, WERE I	FINDINGS CONSIDERED
0	WAS PER	CRIVILD		NO	IN CERTIFIING CA	OULS OF DEATH!
21A. ACCIE	DENT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
DEATH (no	tify medical examiner)	etc.		nce sing., INSORT OCCUR!		
21D. TME	(Month) (Doy) (Year)	(Hour) 21E,	INJURY OCCURRED	21F. HOW DID IN.	IURY OCCUP?	- VIII
OF INJURY	1007		ile At Not Whit			
(APPROX)	Maria and Land	Wo				
22. I certi	fy that ((this haspital) attended t		018	1965 ta	0/26 1965
that (# (w	e) last saw the decease	d alive on	10/26	19 65 and th	hat in (my)	nian death accurred an the da
			(Wa) (Ad) (Add)	iew the bady after death.		
23A. SIGNA	0	A and A se A	(ue) (did) (miles) V	ion life budy direr death.		23B, DATE SIGNED
1	110000	1	M.D. Atte	ending Med. H	Stoff O	1 /
hu	ester Coll	en y	Phy		Stoff Phys.	10/26/65
23C. PHYSIC	(Type)	9		23D. ADDRESS		
E	1	Collins	J M.D.	newy Hos	9	
A. BURIAL C	REMATION, 248. DATE	24C. N.	AME of CEMETERY OF CRI	MATORY 24D. L	LOCATION (Ci	ty, town, or county) (Stote)
REMOVAL	(Specify)	- 1	11/2 1/2 1/	0.	1. 6.	
Dureak	10/29/6	J 20	LIAO NOT	Cem. D	etto na	ADDRESS
SA. DATE REC	D BY HEALTH DEPT.	R. C. L.	1. Deu M.D.	25C. FUNERAL DIRECTO	K 1 /	ADDRESS,
OCT	SI 1900 Olyke	D C 10	TAXOU "IN	Joseph 17 faces	unop 26:	3 J. Northless)
	1/65			1 0 11		

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	65 11032
Registered No	
ND HOUR OF DEATH	-
ct 1965	2140 P.M.
ere deceased lived. If inst NTY	
utside city limits, write RU	IRAL ond give township)
rurol, give location)	
rkwood A	ve #17
9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
eign country)	12. CITIZEN OF
Me	WHAT COUNTRY?
	,
in Willi	4175
	ADDRESS
A. WILLIAMS	- 2908 PARKYOOD AL
0/1	INTERVAL BETWEEN ONSET AND DEATH
g of the Live	4 weeks
//	
tous us, sevun	4
of pubmonary	
o) 20B, IF YES, WERE FIN	NDINGS CONSIDERED
IN CERTIFYING CAUS	SES OF DEATH?
(If in Baltimore	City, give exact location)
JURY OCCUR?	
10 15	1 Oct 1965,
19 65 ta 2 not in(my) (****) opini	on death occurred on the date
12	3B. DATE SIGNED
Stoff Phys.	21 Oct 65
Hospital, B	altimore Md
OCATION (City,	town, or county) (State)
11- 3	20 1.1

BALTIMORE CITY HEALTH DEPARTMENT

B. COU

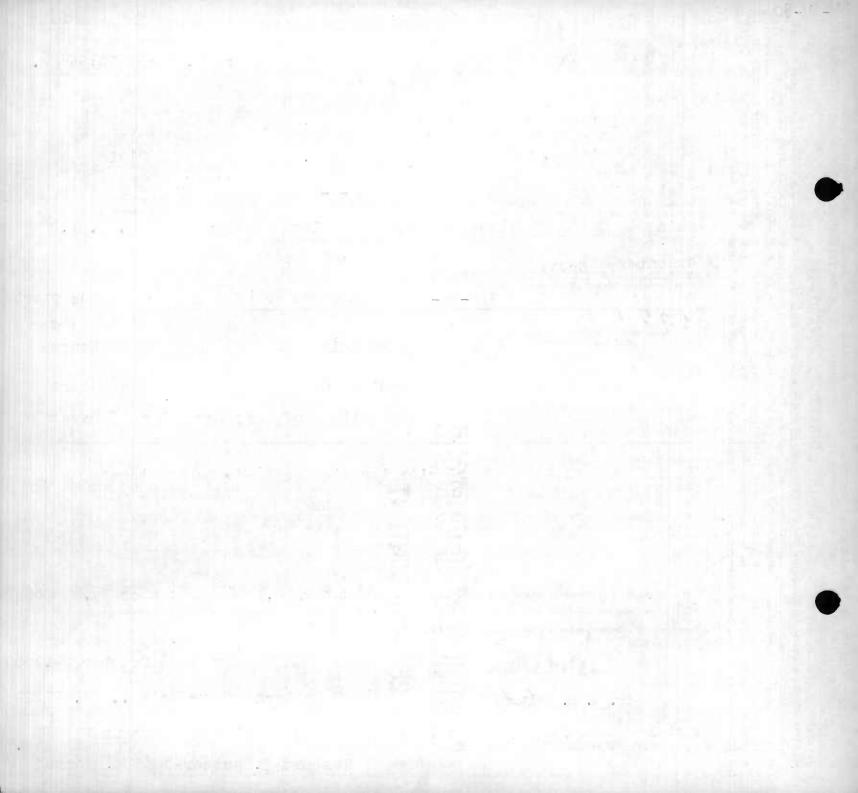
21 F. HOW DID IN

Med. Director

24D.

3035 W. NORIH AVE

o'c/28/65- Infections Hepatitis - Serum Hepatitis ruled out. Information received from In. S. Robbins, Sinai Hospital raphone



WERT YLEND BALTIMONE GVENUEA CHIEN WENDRING HOSPITAL THO BELAIR RD. THE 9, 1905 59 AT CARCASOAN M F RETIKED . . . BALTIMORE USAL FRANCES SMITH HENRY WELLS CANCIDIA DE CHARTE DE LE CANCIDIA DE LA CANCIDIA DEL LA CANCIDIA DE LA CANCIDIA DEL CANCIDIA DEL CANCIDIA DE LA CANCIDIA DEL CANCIDIA DE LA CANCIDIA DEL CANCIDIA ARTERIO SOLEHOTIC CHROMONICUM OF DISTALLE

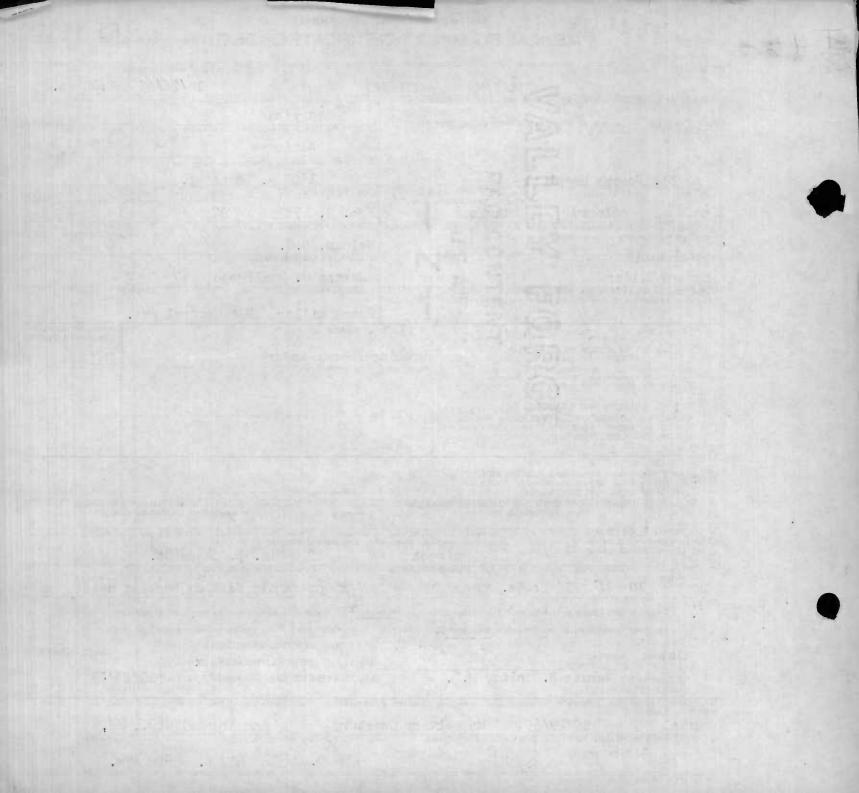
Marker E Horning Jr.

SELLIVE GIRL

		65	110	
BIRTH	NO.			

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 11035

-IK	TALED	CALLA	MINITER O CI	LKIIIICA	L OI DEATH	
-	E. CASE NO.				DATE AND HOUR BRONOUNGED DEA	10
(Ťy	Pe or Print)		./ MTTT	DI	2. DATE AND HOUR PRONOUNCED DEA	7 00
2	PLACE IN BALTIMORE, MARYLAND, W	WILLIA			10/26/65 ENCE (Where deceased lived. If institution: r	1:00 a. M.
3.	The in the investigation of th	TIERE TROTTO	NICED BEAD	I A. STATE	ryland B. COUNTY	
FU	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITU	THON, GIVE STREET		VN (If outside corporate limits, write RURAL	ond give township)
IN:	STITUTION	(1)011/		1	ltimore	- 1.LI
1					RESS (If rurol, give location)	1-67
1	Ct Jaganh Hagnit				609 E. Chase St.	
5. 5	St. Joseph Hospit		NEVER MARRIED	B. DATE OF BIRTH		nder 1 Yr, If Under 24 Hrs.
		WIDO WED, I	DIVORCED (specify)	m-h 2 -	lost birthdoy) Month	hs Doys Hours Min.
	nale colored	Sing.		Feb. 3,		ITIZEN OF
	e during most of working life, even if retired)	NIOL KIND OF	BOSHESS OF HIDOSIKI		W	HAT COUNTRY?
12	FATHER'S NAME			Weldon, 1		
_						
_	Edward Tillery was deceased ever in U.S. ARMED	FORCES?	114 SOCIAL	Martha (J. Smallwood	DECC
	s, no or unknown) (If yes, give wor or dote		16. SOCIAL SECURITY NO.	IV. INFORMANT	200	(533
				Pearl Mi	ller 1024 Central Ave.	•
	1B. = 903.5		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DI	RECTLY	0			ONSET AND DEATH
	LEADING TO DEATH	1	(A)	cerebral	ınjury	
	(This does not meon the mode of heart failure, asthenia, etc. It means injury or complication which coused	s the discose,	DUE TO			
	miles, or complication which could	GCOMM)				
	ANTECENDENT CAUSE		(B)			
	RISE TO THE ABOVE CAUSE (A) S	TATING THE	DUE TO			
7	UNDERLYING CONDITION LAST.		(C)			00 x v ap x 00000 dg0 000 dg0 00000 0000 0000 000
CERTIFICATION	li li					
Į₹	OTHER SIGNIFICANT CONDITIONS					
H	TO THE DEATH BUT NOT RE		HE	***************************************		
ERT	19A. DATE OF OPERATION 19B. CON		WHICH OPERATION		? (Yes or No) 20B. IF YES, WERE FINDINGS	CONSIDERED
O	WAS PER	FORMED		yes	IN SERTING CAUSES OF	DEATH?
₹ O	21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. V	VHERE DID (If in Boltimore City, give exoc	t locotion)
EDICA	UTING CAUSE OF DEATH.	etc.)	street		00 Blk. E. Chase St.	10-01
Σ	21D TIME (Month) (Doy) (Yeo	or) (Hour) 2	TE. INJURY OCCURRED		OW DID INJURY OCCUR?	
	(APPROX.) 10 16 65 8	8:25a.m.	VHILE AT NOT	WHILE T ann	arently fell on back o	of head
	22.	m. V				11000
	I certify that I held on	nquiry	Inspection Aut	apsy X one	d that on this basis, death in my apin	nion
	resulted from: Notural ca	uses A	ccident X Suicid			
				CHIEF M	EDICAL EXAMINER	DATE SIGNED
	SIGNATURE WOME	14.6	M.D	ASSISTANT M	EDICAL EXAMINER X	DATE STORES
	SIGNATURE LAUNG EXAMINER'S WETNER U.	. Spitz	M.D. >	ASSOCIATE M	EDICAL EXAMINER 10/	26/65
	NAME (Type)					
	A, BURIAL CREMATION, 23B. DATE MOVAL (Specify)	23	C. NAME OF CEMETERY	CREMATORY	23D. LOCATION (City, town,	or county) (Stote)
	Burial 10/29/	165	Mt Carvary Ce	metery	Ann Arundel Cty.,	Md.
24	A. DATE REC'D BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS
	OCT 27 1965 R	Pres & E	, Jankey Hill	WM C-	MARCH 928 E. North A	ve.
VS	151-REV. 1/1/65		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	



VS 151-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

65
BIRTH NO.
M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

65
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

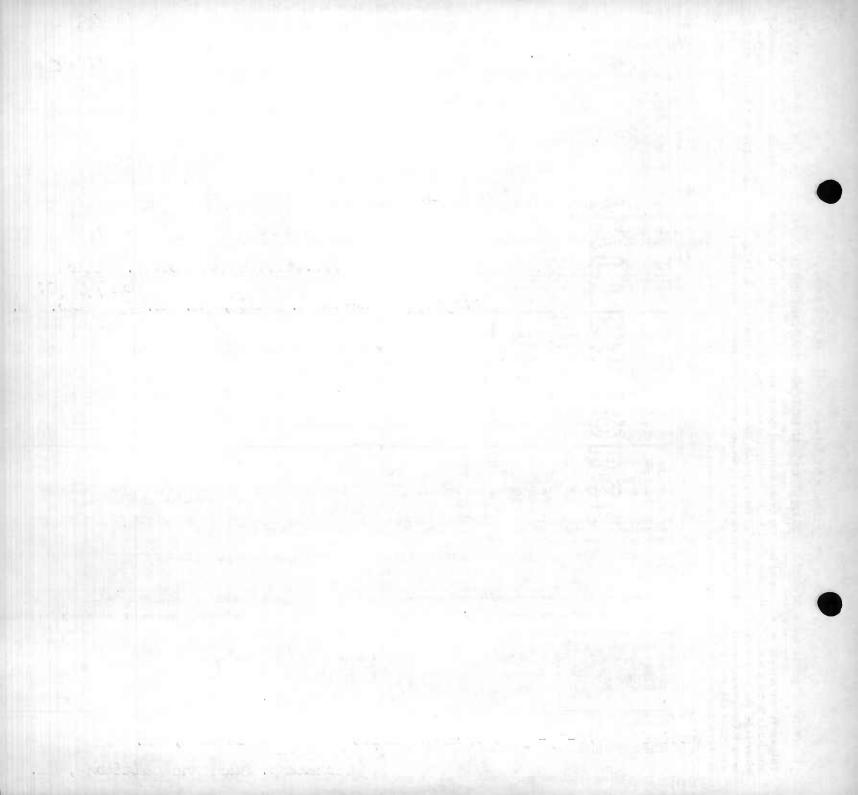
M.E. CASE NO.						
1. NAME OF DECEASED (Type or Print) JOHN PROC	CTOR	2. DATE AND	HOUR PRONOUNCE	26/65 1:50 a.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD 4. USUAL A. STATE	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, (HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OF	C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)				
	D. STREET	Baltimore ADDRESS (If rurol, g	ive lacation)	/-/-		
2525 BELVEDERE AVENUE		2528 W. C	old Spring	Lane		
5. SEX 6. RACE 7. MARRIED, NEVER WIDO ED. DIVORC	D(specify)		9, AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
male white Separ		. 30, 1890 ACE (Slote or foreign	75	12. CITIZEN OF		
done during most of working life, even if relired) UNKNOWN		RTH CAROLIN		WHAT COUNTRY?		
13. FATHER'S NAME	14. MOTHER	'S MAIDEN NAME				
UNKNOWN 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SOC	IAL 17. INFORM.	MINNIE TAT		ADDRESS		
	SKITI NO.			FIELD AVE. N.J.		
18.	CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, astheria, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	Arteriosclerot (A) (DUE TO (B) DUE TO (C)	ic cardiov	ascular dis	ease		
194. DATE OF OPERATION 198. CONDITION FOR WHICH WAS PERFORMED	OPERATION 20 A. AUT		B. IF YES, WERE FIN I CERTIFYING CAUSE			
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	PFINJURY (e.g., in ar about 2 foctory, street, affice bldg., IN	C. WHERE DID (IF	in Baltimore City, give	e exoct locotion)		
3		F. HOW DID INJUR	Y OCCUR?			
22. I certify that I held on Inquiry Inspe	ction Autopsy	ond that on this	basis, death in my	/ opinlan		
resulted from: Notural couses X Acciden	Suicide Ho	micide Un	determined monner			
ACTUAL SIGNATURE WORL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D	M.D. ASSISTAN	F MEDICAL EXA T MEDICAL EXA E MEDICAL EXA	MINER.	DATE SIGNED 10/26/65		
	of CEMETERY or CREMATO	23D. LO	CATION (City, 1	town, or county) (State)		
BURIAL 10/29/65 Lake	Nelson Memorial	Park Pisca	taway, New	Jersey		
OCT 27 1965 (Res E.	T. O 112		L HOME 4107	WILKENS AVE. 2122		

62.4

CLAMBACK SAN ASSEMBLY BY

IMPORTAN

FUNERAL DIRECTOR:



IMPORTANT

FUNERAL DIRECTOR:

		BALTIMORE CI	TY HEALTH DEPARTMENT	1	0-
	65 11039	CERTIFIC	ATE OF DEATH	Registered No.	65 11039
NAME OF DECEAS	SED	BIECKHED	2. DATE AND	HOUR OF DEATH	65 500
PLACE OF DEATH	UN BALTIMORE MAR	BHEKWEAD	4. USUAL RESIDENCE (Where	deceased lived If it	05. 5-10 p N
TAGE OF BEATT	THE PROPERTY OF THE PARTY OF TH		A, STATE B. COUNTY		isinonom tostocico ocide ocidestato
FULL NAME OF HOSPITAL OR	(If not in hospital or address or location)	r institution, give street	C. CITY OR TOWN (If outsi		RURAL and give township) #
INSTITUTION		A MOS BASPUT	911-1101	11 -0 1	27-1
FRANK	un seu	upus Hostvii	D. STREET ADDRESS (If IU	rol, give location)	
			3706 TY	NDACE	AVe
M	W	WIDOWED, NEVER MARRIED WIDOWED, DIVORCED (specify)	12/10/01 10	AGE (In years st birthdoy)	Months Doys Hours Min.
	TION (Give kind of work) king life, even if retired)	OB. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLA CE (Stoto or foreign	country	12. CITIZEN OF WHAT COUNTRY?
10340	70D	Koppers (o.	MARYVAN	D	USA
FATHER'S NAME			14. MOTHER'S MAIDEN NAM	E	
MILLI	AM BIR	ckhead		wheath	
. Was Deceased Ev os, ng grunknown) (If	er in U. S. Armed Force	of service) SECURITY NO.	17. INFORMANT	. // /	ADDRESS
yes	WW2	217-14-115	8 Mrs. Ethel Bu	rckhead	(Same)
18. 490	XI	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DIRE		- 1.00		
(This does not	meon the mode of	dying, e.g., DUE TO	Sefucion	00 w 0 0 w w 0 w 0 w w 4:455 2 4 4 4 m m w 0 w 4 4 6 m m w	· · · · · · · · · · · · · · · · · · ·
	thenio, etc. It meons to cotion which caused to	the diseose, death.)	septicina		F. States See
AN	TECEDENT CAUSES	(B)	bover prev	noma	
	CONDITIONS, if o	ny, giving			
	above cause (A)	sfoling the (C)		w a t a a a a a a a a a a a a a a a a a	
	= 11				
	ANT CONDITIONS CO				11 194 F A F A F A F A
DISEASE OR CO	NDITION CAUSING IT.		20 A. AUTOPSY? (Yos or No)	208 IF YES WEDE	FINDINGS CONSIDERED
19A. DATE OF O	WAS PERFO		207.2010131: (103 01 10)	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT OR CONTRIBUTION DEATH (notify ma		21B. PLACE OF INJURY (e.ghome, form, foctory, street, otc.)	office bldg.,	(If in Boltimor	e City, give exact location)
2		(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY		While At Not W	/hile		
	. //\/./	Work At W	Alexander	TE. 18	1.4 24- 111-
		attended the deceased from		10(C	25 1965
	st saw the deceased			in(my/ (our) api	nion deoth accurred on the do
23A. SIGNATURE	om the causes state	ed obove. (1) (We) (did) (did not	/ view the body offer deoth.		23B, DATE SIGNED
0 -	. V. 0.0	Y'I M.D.	Attending Med. S Phys. Director P	toff hys.	
23C. PHYSICIAN'S	e v		23 D. ADDRESS	nys. 🖭	
NAME (Typo	T. J. DH.	711 14 M.	o. FRANKILI	N SAM	HE HACPITAL
A. BURIAL CREMA	A. NEC	TILAR	C25144703V	CATION (C	
REMOVAL (Spe		24C. NAME of CEMETERY OF	CREMATORY 24D. LO	CATION	ity, town, or county) (Stote)
Burial	cify)	. 10 1 10		- 1	
Burial SA. DATE REC'D BY	10/28/C	. 10 1 10	emetery L	Baltimore	
JAME (Typo	I V. DEV	PILAR M.	D. FRANKLI	N Saus	HEE HOSPITA

GENERAL 135401 MAINTIN

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CHATLAND FRANKLIN SELLARE HESPITH BALTIMORE 3706 TYNDANE MAPPIED 12/10/01 63

ACU CHAYYAMA __257-2424

WILLIAM BIRCKHEDD WALFILET

experience

John gummin

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PRANSEL SOUGE HOSPICINE

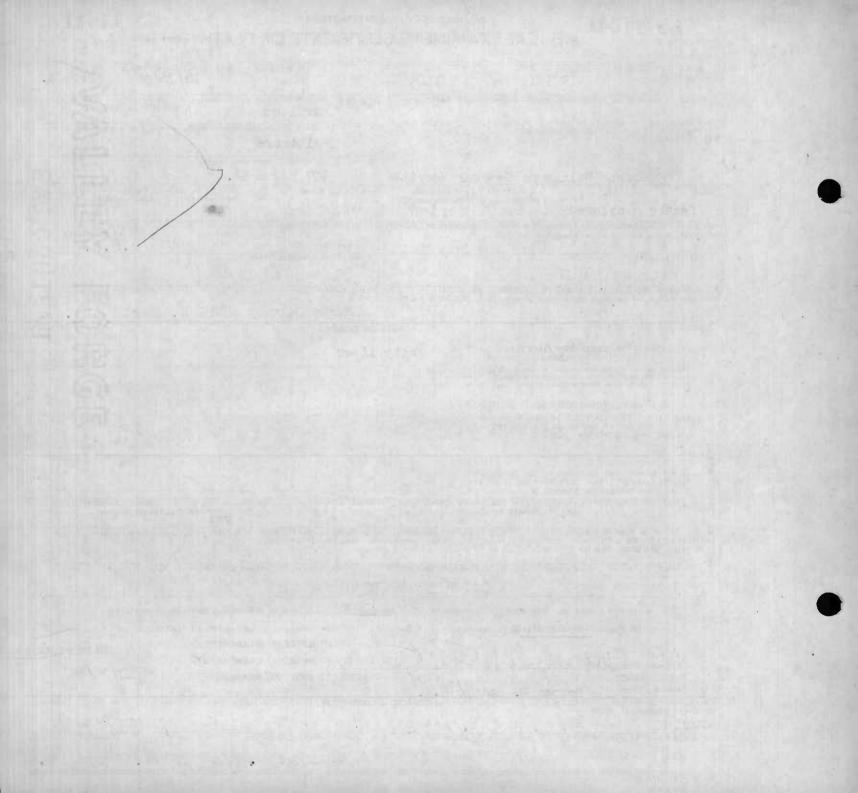
A reference place as a second

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on the

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 6.5 11040 65 11040 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) EzeKick October 25, 1965 Reginald Griffiths 4. USUAL RESIDENCE (Where deceosed lived, if institution desidence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Maryland FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Provident Hospital Baltimore 1514 Division Street (If rural, give tocotion) D. STREET ADDRESS Baltimore, Maryland 1629 Bakebury Court 6. RACE 7. MARRIED, NEVER MARRIED 5. SEX 9. AGE (In years If Under 1 Yr. If Un Months: Doys Hours If Under 24 Hrs. WIDQWED, DIVORCED (specify) 87 Negro 12-25-1878 Widowed 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working tife, even if retired) W. Indies 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Remeo Griffiths Rebecca 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. 213-05-1850 Yes Ayrie Warters 1612 Westwood Ave ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact tocation) DEATH (notify medical examiner) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? White At Not While (APPROX.) Al Work 22. I certify that (I) (this hospital) attended the deceased from October 25, 1965 19 to October 25. that (1) (we) lost sow the deceased alive on October 25, 19 65 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGN ATURE 23B. DATE SIGNED Attending October 26, 1965 G. Moonday, M.D. deceased prior to written approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 1514 Division Street M.D. 24A. BURIAL CREMATION, 248 DATE 24D. LOCATION (City, lown, or county) Calle St VS 150-REV. 1/1/65

BIRTH NO.	MED	ICAL EX	AMINER'S CI	ERTIFICA	LE OF L	DEATH Register	red No	
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Math	ews Taylor			Gloda	rs Tayl	lon		
5. WAS DECEASE	D EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT	s ray	ror	ADDRES	S
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VS 151-REV. 1/1/	65							

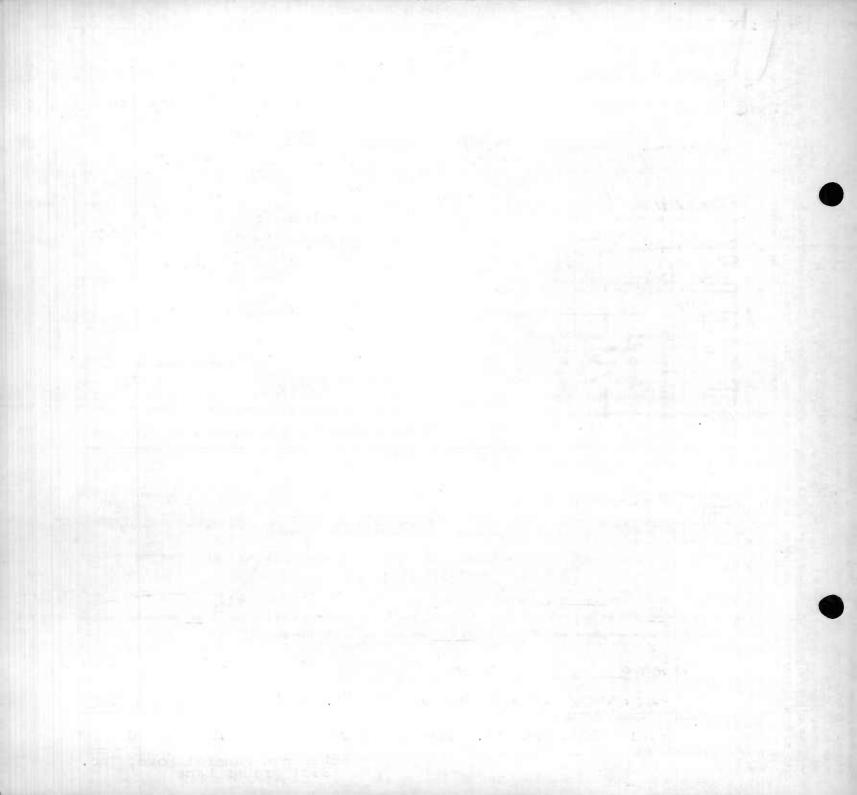


BALTIMORE CITY HEALTH DEPARTMENT

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FUNERAL DIRECTOR: IMPORTANT

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IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

CONTRACTOR DESCRIPTION OF STREET

VS 150-REV. 1/1/65

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65 11046

BIRTH NO.

VS 150-REV. 1/1/65

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

11:30 a.

ADDRESS

INTERVAL BETWEEN

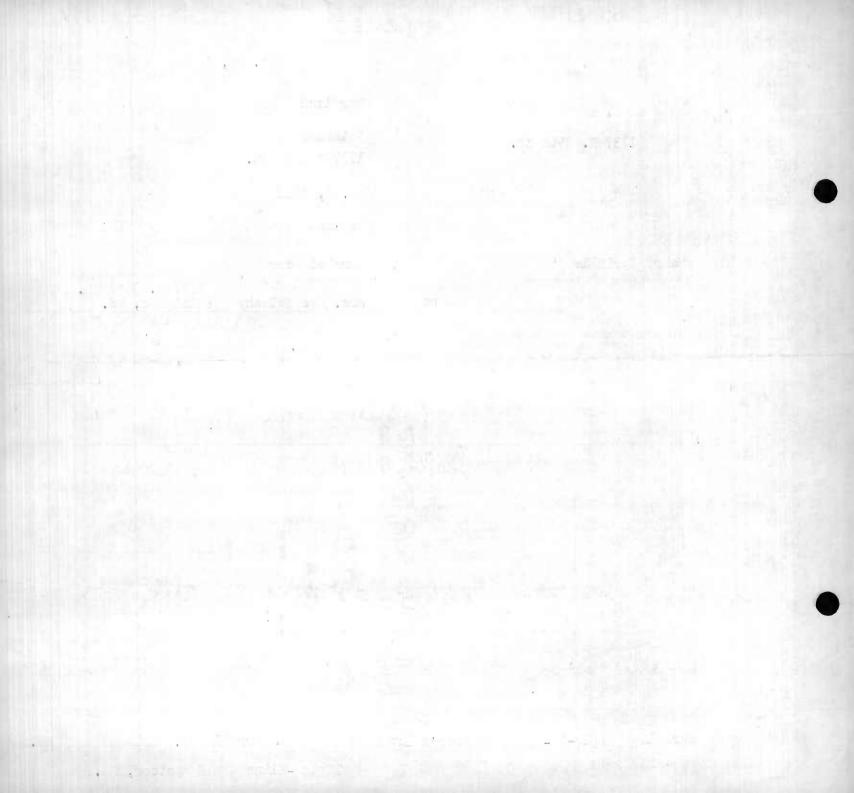
ONSET AND DEATH

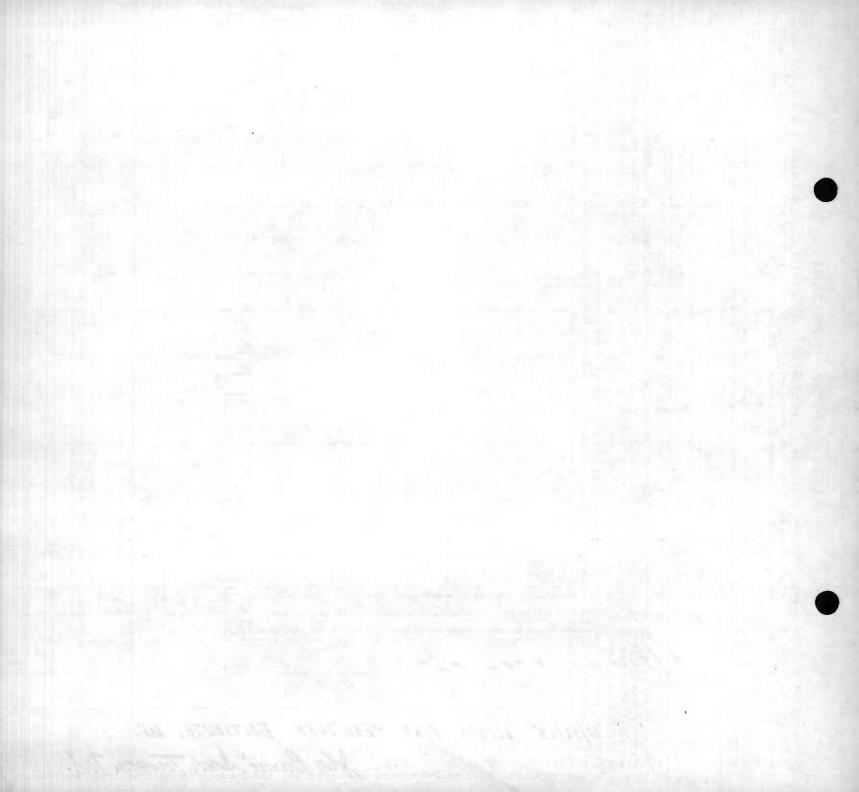
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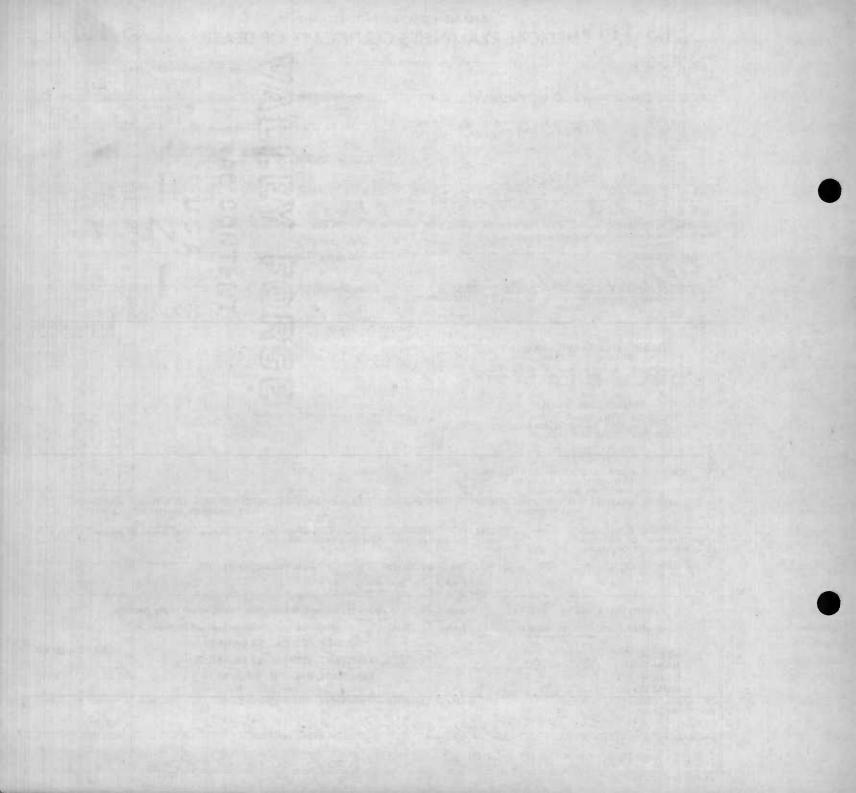




	H NO.	MEL	ICAL EX	CAMINER 5 CI	ERTIFICATE OF	DEATH Registe	red Na
	NAME OF DEC	EASED			2. DATE A	ND HOUR PRONOUNC	ED DEAD
(Ту	oe or Print)	JOH	IN V.O. 1	OUFFIELD.SR.			25/65, 4:30 p.
		IMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Whe	B. COU	itution: residence before odmission) NTY TMORE
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION			C. CITY OR TOWN (II outs	ide corporate limits, write	RURAL and give township)		
1					D. STREET ADDRESS (If for		21222
1		City Hosp	itals			dgeway Rd.	03 00
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.			
male white WIDOWED, DIVORCED(specify) MARRIED		SEPT. 7,1899	lost birthdoys	Months Doys Hours Min.			
		JPATION (Give kind of wo		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?
JOIII	MECHA	5- 51 mm ms		OMOBILE	NEW HERS	EY	USA
3.1	ATHER'S NAM	NE .			14. MOTHER'S MAIDEN NA	ME	Re
	1		DUFFIEL		CATHERIN	3	
		O EVER IN U.S. ARME	les of service)	SECURITY NO.	17. INFORMANT		INDRESS
	YES	5/14/19=5/	/13/222	16/09/8286	ANNA R. DUF	FIELDNO.	4 ABOVE
	1B. 4 2	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		SE OR CONDITION D	RECTLY	Aut			
		LEADING TO DEAT	H	/A)	sclerotic cardi	Lovascular ol	sease
	neon tollute,	osthenio, etc. It meor mplication which coused	is the discose,	DUE TO			
	A	NTECENDENT CAUS	ES				
	DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B)			
		E ABOVE CAUSE (A) NG CONDITION LAST					
O				(C)			
CERTIFICATION	TO THE	II VIFICANT CONDITION: DEATH BUT NOT R R CONDITION CAUSIN	ELATED TO T				
ERTI	19A. DATE OF	OPERATION 198. CO		WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE FIL	
	OI A EVYEDNIA						
MEDICAL	UNDERLYING UTING CAU	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., i , lorm, loctory, street, o	n or obout 21C. WHERE DID	(II in Boltimore City, gi	ve exact location)
Σ	OF INJURY (APPROX.)	(Month) (Doy) (Ye	v	TE. INJURY OCCURRED	21F, HOW DID IN	JURY OCCUR?	
	22. L cart	rify that I held an	Inquiry	Inspection X Aut		his basis, death in m	
		ted fram: Natural c		scident Suicide		Undetermined manne	· · · · · · · · · · · · · · · · · · ·
					CHIEF MEDICAL E		
	ACTUAL		14 5	-/-	ASSISTANT MEDICAL		DATE SIGNED
	SIGNAT	1.01.	111:4	M. D.	ASSOCIATE MEDICAL		10/26/65
		Type) Werner (J. Spikz,	м. б.	ASSOCIATE MEDICAL	EXAMINER _	
	BURIAL CRE		23	C. NAME of CEMETERY o	CREMATORY 23D.	LOCATION (City,	town, or county) (Stote)
	URIAL	OCT.	29,196	5 MEADOWE	TOCE	ORSEY AL C	O., MD.
		BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. EUNERAL DIRECTO	ON SEL	ADDRESS
	OCT 2	8 1965 A.D.	883	En Owner	W. BROOKS	of front	DINIDARK MD
VS	151-REV. 1/1/	1000	e.p.c.	(1x1/2019(3)	I W. DROOMS	BRADLEY, I	DUNDAKK, MD.

BALTIMORE	CITY I	HEALTH	DEPA	RTMENT

	CE	14050	E	BALTIMORE CITY HEAT	TH DEPARTMEN	VT .		65	14050	
BIRTI	1 NO. 03	- 16029 MED	ICAL EX	AMINER'S C	ERTIFICA"	TE OF [DEATH Registe	red No.	TTOOU	-
-	CASE NO.									
1. N	AME OF DE	CEASED	40 1048 + 5.T	MATERIAL TOTAL		2. DATE ANI	HOUR PRONOUNC		0 3 5	
		DADY	BRYAN	MILLER			10/25		2:15 p.	M.
3. PL	ACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE	DEN CE (Where	deceased lived. If inst B. COL	itution: residen JNTY	ce before odmis	sion)
FILL	NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION GIVE STREET		laryland				
HOS	PITAL OR	ADDRESS OR LOC	ATION)	mon, of the other	C. CITY OR TO	WN (If outside	e corporote limits, write	RURAL ond	give township)	
1					R	altimor	e	16		
1					D. STREET ADD	RESS (If rurol,	give location)			
		City Hospital	Ls		1	701 Pum	phrey Ave.			
5. 51		6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	If Under 1	Yr. If Under 24	
111	ale	white	WIDOWED, I	DIVORCED (specify)	Julyy	1,1965	lost birthdoy)	Months	ys Hours A	Ain.
10A.	USUAL OCC	UPATION (Give kind of wor	k TOB. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN		
done	during most of	working life, even if retired)	-		RALT	- N	11	WHAT	COUNTRY?	
13. F	ATHER'S NAM	A E	1		14. MOTHER'S M	ALDEN NAMI	9 /			
	EI	1 + 1	1.11		tou	10 1	1.11.			
15 V	AS DECEASE	ED EVER IN U.S. ARME		16. SO CIAL	17. INFORMANT	C C V	112215	ADDRESS		
		(If yes, give wor or dot		SECURITY NO.	TO THE ORIVINATE		2 - V.			
	-				MR.E	du AR (J. Mil	Ler		
	В.	16 V		CAUSI	OF DEATH				ITERVAL BETWE	
	DISEA	SE OR CONDITION D	RECTLY					ľ	NSEI AND DE	1111
		LEADING TO DEAT		(A) Int	cerstitial	. pneumo	nitis			
	(This does heart foilure	not mean the made o	dying, e.g., s the discose,	DUE TO						
	injury or co	mplication which coused	deoth.)							
		ANTECENDENT CAUS	ES							
		OR CONDITIONS, IF		DUE TO						
		IE ABOVE CAUSE (A) S NG CONDITION LAST.								
Z				(C)						
ERTIFICATION		(1			All Districts	180000			= 100	
Q		DEATH BUT NOT RE								
TE	DISEASE O	R CONDITION CAUSIN	G IT.	*********************						
8	9A. DATE O	F OPERATION 198, COL	NDITION FOR V	WHICH OPERATION			IN CERTIFYING CAU			
	X				yes)	200			
O		OR CONTRIB-	21 B, home	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21 C. \office bidg., INJUR	WHERE DID	(If in Boltimore City, gi	ve exoct loco	tion)	
103	UTING CAL	JSE OF DEATH.	etc.)							
	21D TIME	(Month) (Doy) (Yes	or) (Hour) 2	1E INJURY OCCURRED	21 F. H	OW DID INJU	JRY OCCUR?			
	OF INJURY		v	HILE AT NOT	WHILE ORK					
	22.		m. v							
	1 cer	tify that I held an	Inquiry 🔲				is basis, death in r			
	resu	ited fram: Natural co	uses X A	ccident Sulcid	le Homic	ide l	Indetermined mann	er		
				7./_	CHIEF M	MEDICAL EX	AMINER		DATE SIGNE	D
	SIGNAT		4.8	MIC MIT	ASSISTANT M	MEDICAL EX	AMINER X		DA (= 0,0,1,=	
	EXAMI		V	> m.	ASSOCIATE A	MEDICAL EX	CAMINER	10/2	6/65	
	NAME (J. Spitz	. M.D.						
23A.		MATION, 23B DATE	23	C. NAME OF CEMETERY	or CREMATORY	23D. L	OCATION (City	, town, or cou	nty) (Stote)
KEN	OVAL (Specil	1 Oct.2	8 1965	BUTO M	T. Cou	1 17	ALTO	1	1d,	
244	DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNE	RAL DIRECTOR	72/04	ADI	DRESS	
	OOT AC		0 9	A .			~ /	/ /		
	UCI 28	1965 Role	8 E. Fa	JR. H.A	6.11	RUIVAI	John	Ab		
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BALTIMORE CITY HEALTH DEPARTMENT 65 11051 stered No.00 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 1. NAME OF DECEASED Coltrane 2. DATE AND HOUR OF DEATH (Type or Print) 10 IRGINIA 3. PLACE OF DEATH IN BALTIMORE, MARYLAND (Where deceased lived. If institution: residence before admission) (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location INSTITUTION OF BALTIMORE BALTIMORE, MANYLAND 5. SEX 7. MARRIED, NEVER MARRIED Il Under 1 Yr. Months Doys AGE (In If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy Widowed 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE 12. CITIZEN OF (State or foreign country) WHAT COUNTRY? done during most of working life, even if retired) Housewife ~ North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Coltrane Mary Lydia Gray 15, Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT 2308 Beech Profile (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO Raleigh, North Carolina 216-32-6138 E. Blanchard 1B. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving la the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION CERTIF WAS PERFORMED one 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, lorm, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) MEDIC 21 D. TIME (Doy) (Year) (Hour) (Month) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work Al Work 22. I certify that (a) (this haspital) attended the deceased from

that ((x) (we) last saw the deceased alive an. and that in(my) (aur) apinian death accurred on the date and haur and fram the causes stated abave. (1) (We) (did) (djd nat) view the bady after death, 23B, DATE SIGNED M.D. Attending Med. Stoff Phys. 23.C. PHYSICIAN'S 23D. ADDRESS NAME (Type 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY (City, town, or county) REMOVAL (Specily)

Burial 10/27/1965 Woodlawn Cemetery 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR

Woodlawn, Maryland

25C. FUNERAL DIRECTO

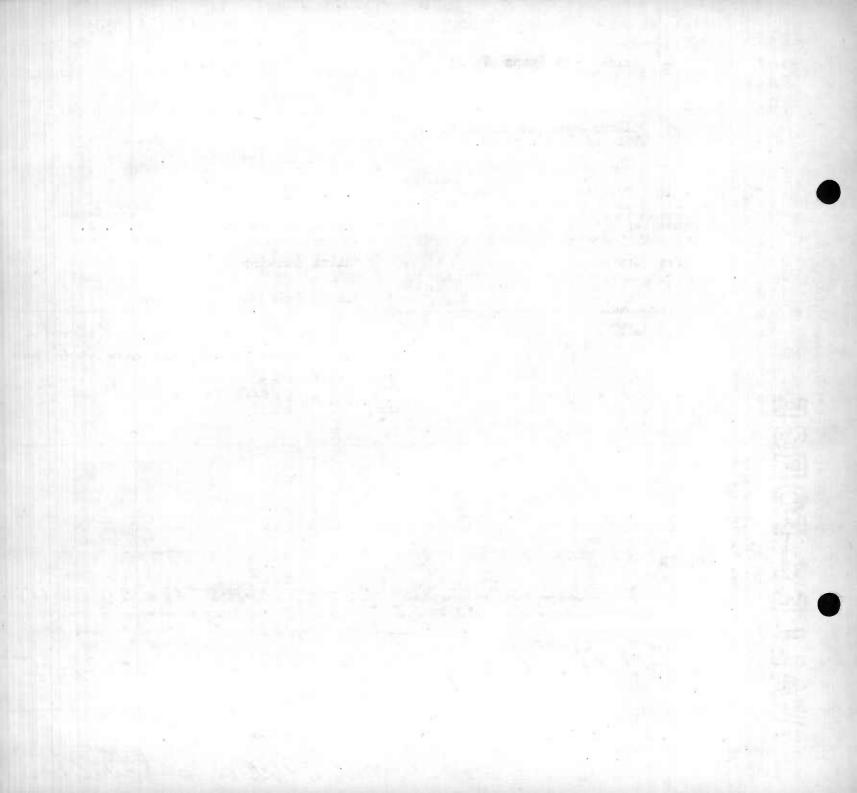


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VS 150-REV. 1/1/65

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BALTIMORE

IMPORTAN FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

CIT HEALTH DEPARTMENT		
CATE OF DEATH	Registered No	65 11053
2. DATE AND	HOUR OF DEATH	20
(ETT 10-25	5-1965	1 830 pm
4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If ins	titutian: residence befare admission)
211 8. 232	st	5-21
C. CITY OR TOWN (If autsi	de city limits, write R	URAL and give tawnship)
11	rg, give Necation)	4 /
211 E, 23	NI	
y) B. DATE OF BIRTH 9.	AGE (In years strictly)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
JSTRY 11. BIRTHPLACE (State ar foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
MARYLAND		U.S.a.
14. MOTHER'S MAIDEN NAM		1
FLORENCE	REYNO	ola
17. INFORMANT		ADDRESS -
LILLIAN PI	NKELL 211	E, 23ed 21,
SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
Acute Puls		1 / 1 /
) Awt) van	
Anterior selecti	: C. V.D.	3 your.
)	******************************	
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20 0 11 1	,	1660
Lets millet	5	109
20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
e.g., in ar about 21 C. WHERE DID	(If in Boltimore	City, give exact lacation)
et, office bldg., INJURY OCCUR?		on,, ground idealism
21F. HOW DID INJU	RY OCCUR?	
While Wark		
Auc. 14 19	(1) to 1	roc7, 25, 1965
_		ion death accurred on the date
not) view the body ofter death.		
		238. DATE SIGNED
	toff hys.	10/27/65
23D. ADDRESS	CAN DELL	10- Bel
M.D. 7 Emple	JAN DEIYS	y, town, or county) (State)
IDOV	0 00	1 ALLY
25C. FUNERAL DIRECTOR	, a, cou	ADDRESS
JASTON VILLE	UT 11.70	NBARALILINA

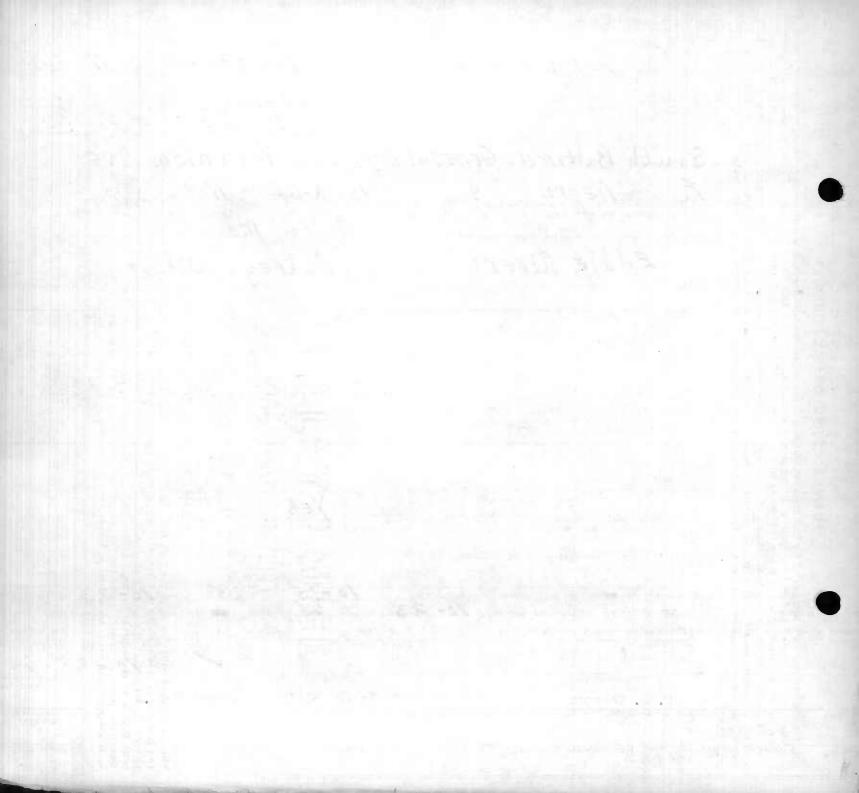
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BIRTH	NO.		

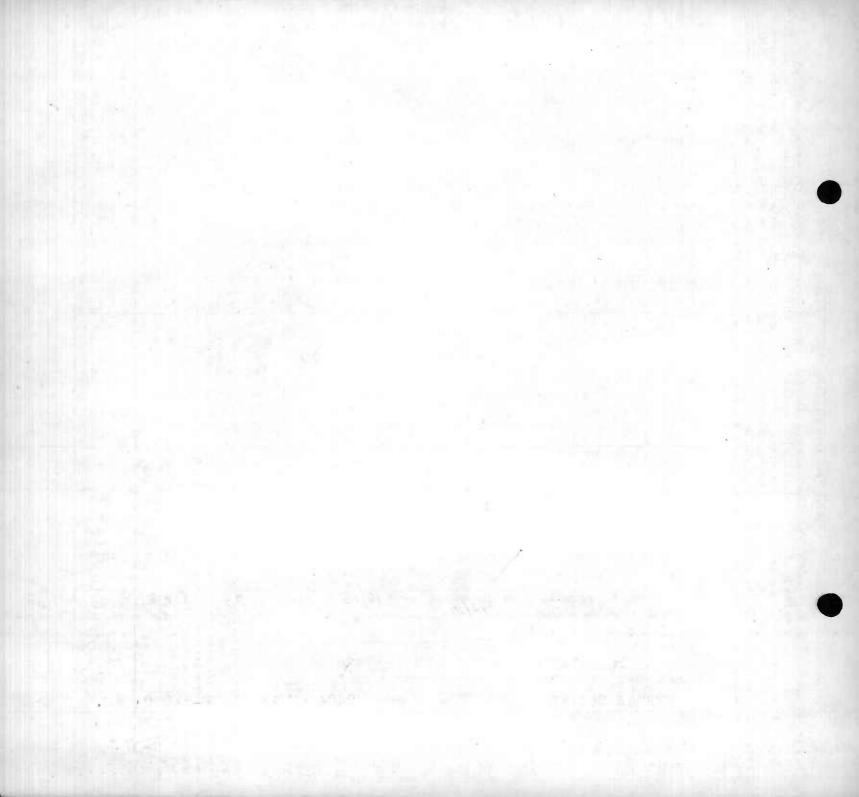
BIRTH NO. MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
WINIFRED E. GAILE	10-24-65 8:45 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
THE NAME OF STREET IN HOSPITAL OF INSTITUTION CIVIS STREET	Maryland Somerset
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Princess Anne
UNIVERSITY HOSPITAL	D. STREET ADDRESS (If rurol, give locotion)
UNIVERSIII HOSFIIAL	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH , 9. AGE (In years If Under 1 Yr. If Under 24 Hrs
WIDOWED, DIVORCED (specify)	A. A. Standard Months, Doys, Hours, Min.
Female Colored CNIA 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS.)	TRY 11. BIRTAPLACE (State or foreign country) / 1 12. CITIZEN OF
done during most of working lite, even if retired)	McCreddy Hos. Cristing WHAT COUNTRY?
	Mcheanthios crand
13. FATHER'S NAME	Geral Line Benson
Elmer Winigree Gaile	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
No.	Elmer W. Gaile - Rincess Anne, Mc
	ISE OF DEATH INTERVAL BETWEEN
2810141	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Craniocerebral injuries
(This does not mean the mode of dying, e.g.,	oranio del control de la contr
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes Yes
ZIA. EXTERNAL CAUSE WAS 218. PLACE OF INJURY 10.	g., in ar about 21C. WHERE DID IIf in Boltimore City, give exact location)
O UNDERLYING OR CONTRIB-	state Rt. #362 - 1/2 mile
7	West of Princess Anne
OF INJURY 5:40	
(APPROX.) 10 23 65 PM m. WHILE AT NO	Passenger in auto-auto collision
22. I certify that I held on Inquiry Inspection	Autopsy X ond that on this bosis, deoth in my opinion
resulted from: Notural cousesAccident XX Suic	ide Homicide Undetermined monner
Norman Days	CHIEF MEDICAL EXAMINER X DATE SIGNED
SIGNATURE MALE	D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 10-25-65
NAME (Type) RUSSELL S. FISHER, M.D.	
23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETER	Y - CREMATORY 23D. LOCATION (City, town, or county) (Stote)
BUTIE Oct 28, 1965 John Mesle	y-Cottag Grove Westorer, Som. Co. Md
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
OCT 28 1965 DO A & Frema	LP 14101 1- Mi 14.7
OCI 20 1300 (150 15 5 700)	Charles N. Mark 11 larson sta; 11
VS 151-REV. 1/1/65 A /	
(V 3 C)	

-agriculture trops Kaping St. Sart St. rad P Colored to the Colore

-		BALTIMORE CITY HE	ALTH DEPARTMENT		
	BIRTH NO. 16 256 165 11055	CERTIFICATI	OF DEATH	Registered No.D.	11055
	1. NAME OF DECEASED Backy Gil	1 Wilson	10-	23-65	11:30 P.M.
	3. PLACE OF DEATH IN BALTIMORE MARYLAND	Ā	STATE B. COUNT	e deceased lived. If insti	itution: residence before admission)
	FULL NAME OF (If not in hospital or institut oddress or location) INSTITUTION		CITY OR TOWN OF OUTS	side city limits, write RU	RAL and give township)
4	3	D.	STREET ADDRESS (IF	ourol, give location)	-2/225
90	South Baltimore	GENE Pal Hasp	DATE OF BIRTH	P. AGE (In years	If Under 1 Yr If Under 24 Hrs.
E B		WED, DIVORCED (specify)		ost birthdoy	Months Doys Hours Min.
lion is	IGA, USUAL OCCUPATION (Give Mild of work 10B, KINE done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 11.	BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
disposition	13. FATHERS NAME	14.	MOTHER'S MAIDEN NAM	1	
6	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of servi	Ce) 1 6. SOCIAL SECURITY NO. 17.	INFORMANT S	y Wils	o h ADDRESS
or fin	18. 7 6 3 6	CAUSE OF D	EATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2	0 40000 000 01		ONSET AND DEATH
almed	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO	eumsnea	a** * a a a a a a a a a a a a a a a a a	2 7 nrs
e m	injury or complication which caused death.) ANTECEDENT CAUSES	(B) I	mmaterity	(1-14 Wt)	5 days
0 0	DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating		O		0
ains	UNDERLYING CONDITION Iosi.				
B rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
e th	198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	10 CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
before the remains	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)	obout 2/C. WHERE DID bldg., INJURY OCCUR?	(If in Boltimore (City, give exect location)
ained	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not While Cork	21F. HOW DID INJU	URY OCCUR?	
opto	22. I certify that the (this hospital) attended	4	i /	9 65 to	10-23 1965.
	that (we) lost saw the deceased alive			ot in ((our) opini	an death occurred on the date
must be	and haur and from the causes stated abov		The body offer deoff.		238. DATE SIGNED
פו	23C. PHYSICIAM'S	M.D. Attendit	Med. Director	Stoff Phys.	10-25-65
approval	Dr. M. Behrooz		outh Baltimore	General Hosn)•
do ue	24A. BURIAL CREMATION, 248. DATE 24	C.NAME OF CEMETERY OF CREMA	170RY 24D., LO		lovn, or county) (State)
written	25A, DATE REC'D BY HEALTH DEPT. 2SB. NAM	ME OF REGISTRAP 1115	25G. FUNERAL DIRECTOR	HEAL SCH	OOL ADDRESS



		. 10	BALTIMORE CIT	Y HEALTH DEPARTMENT		(= AAO = 0
BIRTH NO.	6	5 110	CERTIFICA	ATE OF DEATH	Registered No.	65 11056
M.E. CASE	NO. DE DECEASED			10.00		
(Type or Pr			2 7	_	ID HOUR OF DEATH	
	1.6	W15	D.142600	UC	T 27 -1	965
3. PLACE	OF DEATH IN BALT	IMORE, MARYL	AND	4. USUAL RESIDENCE (Whe	re deceased fived. If i	institution: residence before admis
F1111 A				(C W		1
HOSPITA	AME OF (If not address	in hospital or in is or location)	nstitution, give street			000 00%
INSTITU						RURAL and give township
1			Ch	BALTIMO	RC	
7	2 06 IN	· . SAR.	ATUGA ST		rural, give location)	C /
2	200	0 77		2206 W	· SARAT	OBR JF
S. SEX	6. RACE		MARRIED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
M	60/	,	WIDOWED, DIVORCED (specify)	JUNE 20-190	log birthdow	Months Doys Hours Mi
103 1101141			B. KIND OF BUSINESS OR INDUSTR	//-	008	
	most of working life, ev		S. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	gn cou p fry)	12. CITIZEN OF WHAT COUNTRY?
	UEFEU		TAYICAB	mi		01.5.A.
13. FATHER	*		7	14. MOTHER'S MAIDEN NA	ME	0, 3 11
1		2				
1	AAC /A	14LON		TUA PR	66	
	ceased Ever in U. S.			17. INFORMANT		ADDRESS
	nknown) (If yes, give	war or dotes of	SECURITY NO.	10 -		
NO			-12-09 427	JUSIE 114	LOR 22	06 W. SARATOGA
18.	1211-1		CAUSE	OF DEATH	1154515	INTERVAL BETWEEN
	DISEASE OR CONT	DITION DIRECT	Tì Y			ONSET AND DEATH
	LEADING T		(L. S. Huperste	MSINIX (- V Parker 10-
(This	does not meon the	mode of dy	ing, e.g., DUE TO	i.S. Hypertie		-:/ 1./V Y - 1V
heori	failure, osthenia, etc	. II meons the	diseose,	D	rser	1 2/
injury	or complication wh	ich coused de	olh.)	a silitime	onday 10	a harant 1/0
	ANTECEDEN	T CAUSES	NUE TO	reuticon	11100 B Q	
DISEA	SES OR CONDIT	IONS, if ony				
	lo the obove c		oling the (C)			
UNDE	RLYING CONDITIO	N losi.				
	- 11			- (A (8	12 0000 2 1
OTHE	SIGNIFICANT CON	DITIONS CON	TRIBUTING PAR	mie Nep	uncon	serve sec
DISEA	HE DEATH BUT	NOT RELATED	TO THE			Y-1 - 71 11 A 1
U 19A. D.	ATE OF OPERATION	198. CONDITI	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
RTIE		WAS PERFOR	MED		IN CERTIFYING CA	
W C	CCIDENT WAS UND	DERLYING	21R PLACE OF INTURY	in or about 21C. WHERE DID	(If in Date're	Cibe sine and the Co
_ OR CO	NTRIBUTING CAL	JSE OF	home, form, factory, street,	office bldg., INJURY OCCUR?	tit in boilimo	re City, give exact location)
DEATH	(notify medical exam	niner)	etc.)			
☐ 21 D. TI		oy) (Year) (H	four) 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJ			White At Not Wh			
(APPRO	/ A./		Work At Wor			44.1206
22. 1	ertify that (1) (tht	s hospital) of	ttended the deceased from	10/15	1963 10 0	14 9 1- 10 1
			101	W. (. L.		000
) (we) lost sow th				of in (my) (our) op	inion deoth occurred on the
ond he	our and from the c	ouses stated	above. (1) (We) (did) (did nat)	view the body ofter deoth.		
	GNATURE	. 1	0 7/1			23B. DATE SIGNED
	Ar.	Hexm	con Services	lending Med.	Staff	10/20/10
00.0	20	110-11	Ph	ys. Director	Phys.	12/105
	YSICIAN'S AME (Type)			23D. ADDRESS	Herma	nx endid
		IDEL	M.D	2404 EUTAW	PTACE BAT	TO MD
				STOT BOTH	I DA ODIO DA I	
REMO	CREMATION, 248	B. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. L	CATION	ity, town, or county) (State
Bu		1. 1		12 2 /	. I so al	1
11000	-12/	0/13/15/19	of Dadinders me	me Part 1	also INV	2/22/7
SA. DATE	REC'D BY HEALTH	0/00/6	NAME OF REGISTRAP	7	alsomy.	21227
SA. DATE	REC'D BY HEALTH	0/00/60 DEPT. 258	S. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	alsome.	ADDRESS ADDRESS



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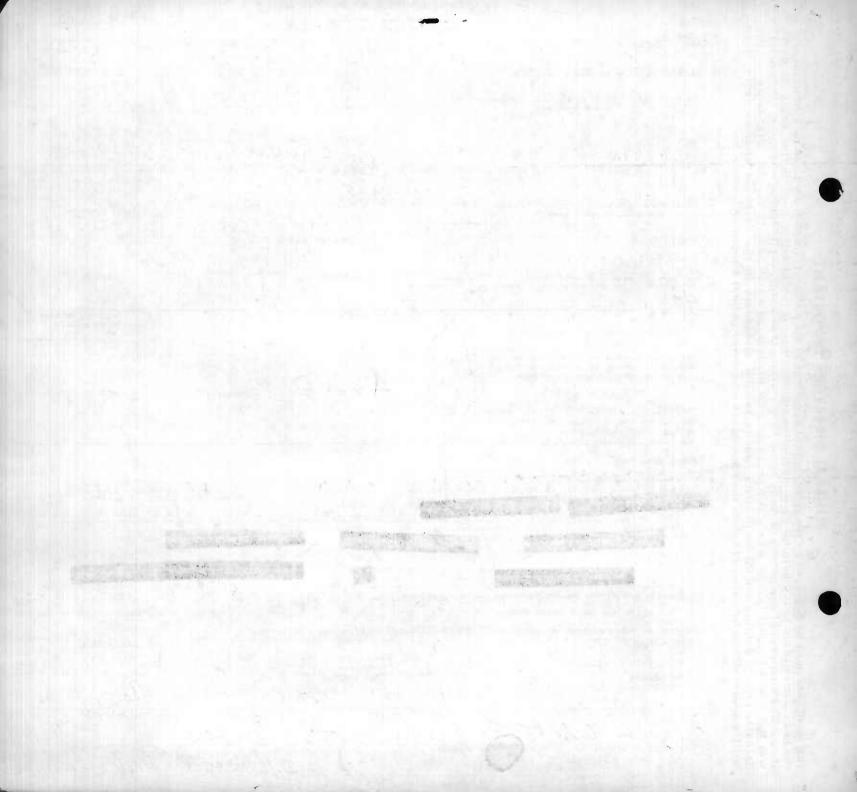
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1 1 H-M- 13	65 11058 BALTIMORE CITY HEALTH DEPARTMENT	5 11058
2 2 2000	CERTIFICATE OF DEATH	O TTOO
at the the the the the the the the the th	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE, AND HOUR OF DEATH	/ 30 .
S S	(Type or Print) VILLIAM TENRY MILLS 24 OFF- 67	16 A.
# Do #	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institute A, STATE B, COUNTY	ion: residence belore admission)
S) I Sp	FULL NAME OF (If not in hospital or institution, give street	11/1
da Co	HOSPITAL OR Oddress or locotion) C. CITY OR TOWN (If outside city limits, write RURA)	L and give township)
S S S S S S S S S S S S S S S S S S S	UMIV12-12SIFY	52-00
att ior	D. STREET ADDRESS (If rurol, give locotion)	· · · · · · ·
20 = D = g e		7. 1605p
Waring ba	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9, AGE (In yeors If	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
rm ntimes as a s a s a s a s a s a s a s a s a	SINGLE 10/18/74 /2	
2 2	done during most of working life, even if retired)	CITIZEN OF WHAT COUNTRY?
itie d'indiani	13. FATHER'S NAME	USA
S S S S S S S S S S S S S S S S S S S		7
F = 54 > + 8	BEORGE WILLS ITENBIETTA	
N EP PEOP	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	ADDRESS
kir de	Ho Sell	
Tage + Sale	18. 4 9 2 X L . CAUSE OF DEATH	INTERVAL BETWEEN
d o d	DISEASE OR CONDITION DIRECTLY &	ONSET AND DEATH
Als Als	LEADING TO DEATH	2 weeks
ar	(This does not mean the mode of dying, e.g., The Due to heart failure, asthenio, etc. It means the disease, The disease, The disease, The disease of the disease, The disease of the disea	
St Roine	£	
THE POST	ANTECEDENT CAUSES	8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
A X X X X X	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the (C)	
C CE O C LIE SI	UNDERLYING CONDITION Iost.	4444) +++++++++++++++++++++++++++++++++
Si ci ci si	3///	
TA A L	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
S - T E Y G is o	A DISEASE OF CONDITION CADSING II.	
A Sid boo Sist	198. CONDITION FOR WHICH CERATION 208. IF YES, WERE FINDING CAUSES	OF DEATH?
£ 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltinore City home, form, logicy, steet office bldg. INJURY OCCUR?	, give exact location)
スキョンラック	OR CONFRIBUTING CAUSE OF THE DID AND CONFRIBUTION CAUSE OF THE DID AND CON	, g
N N N N N N N N N N N N N N N N N N N		
De participad	OF INJURY	1 constant description
o ho	(APPROX.) Vork AI Work	
op op op	22. I certify that (1) (this hospital) attended the deceased from 1960 to 27	19 65,
of of all be, y,	that (M) (we) lost sow the deceased alive on 2300) 19 ond that in (my) (our) opinion	deoth occurred on the date
st be a sased to dent of dent of death)	and from the couses stated above. (N (We) (did) (did not) view the body ofter death.	
Washingth May a deas		DATE SIGNED
a h a h		290 - 9- 607
was r An at prior	23C. PHYSICIAN'S NAME (Type)	11
ertificate ody was s: (1) An a D.O.A. at ised prior	Kreinnan 1)- Biogs 112 M.D. UNIOFILSITY	HOSPITAL
± 7€ 3 5 5	240. NAME of CEMETERY OF CREMATORY 13 14 240 LOCATION 12 1(City, to	wn, overynty) (Stote)
ws: ws: D. D.	BUXIAL 10-48-5 Hickards ometery Ogston	Mid.
This certil the body shows: (1) was D.O deceased	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 0CT 28 1965 P. S. E. D. B. E. E. D. B. B. D. M. D.	ADDRESS
₹₩\$₽\$	OCT 28 1965 Robert E. Farbert Demos D. Machell D	orbob 6 ostin 1/2

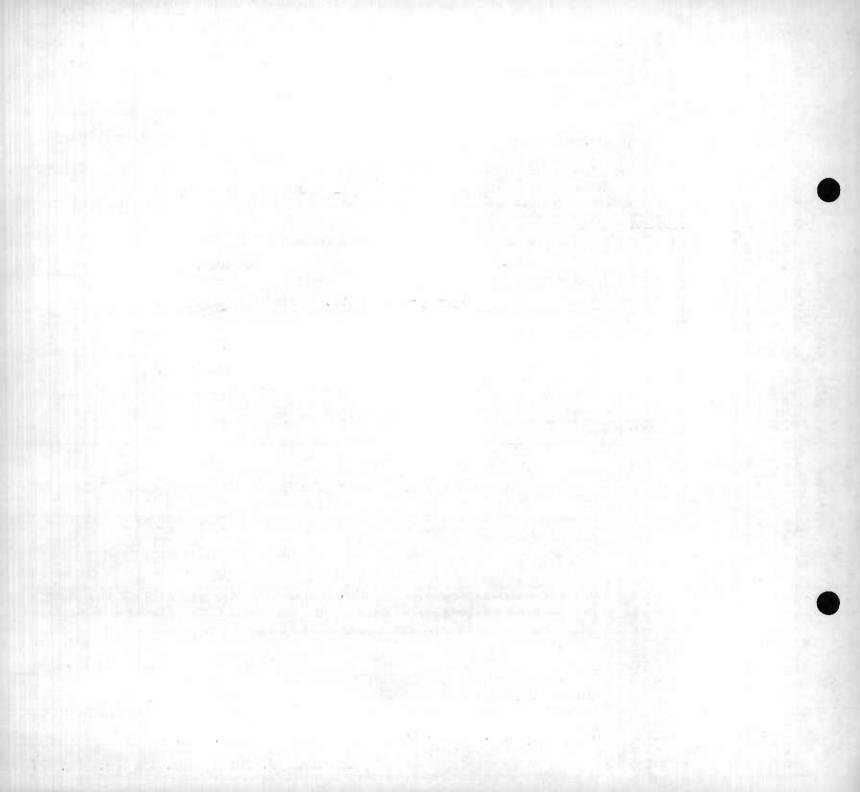


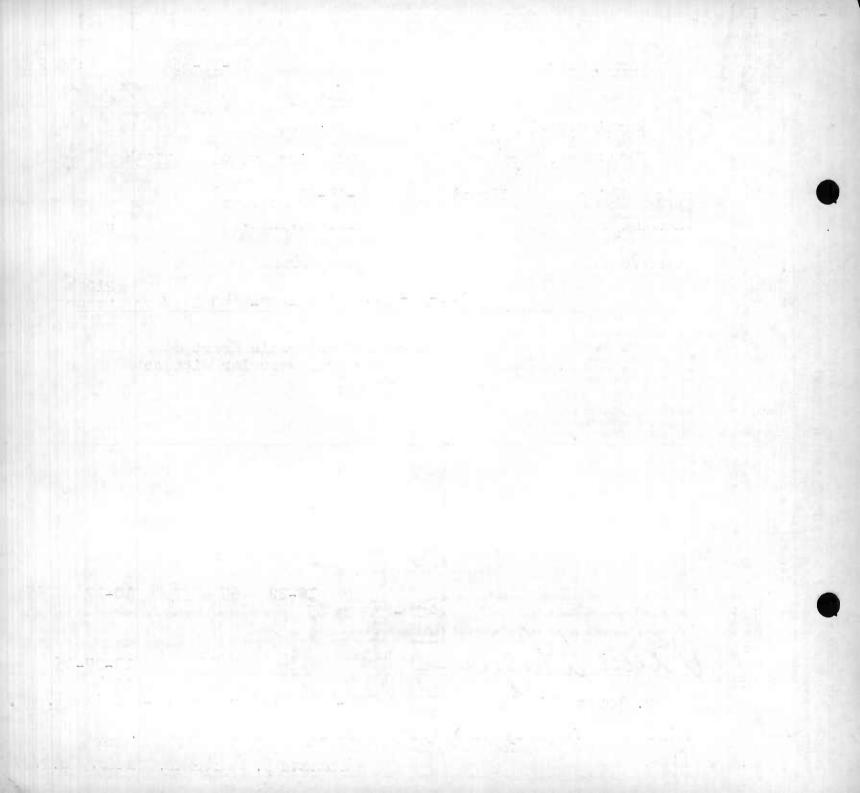
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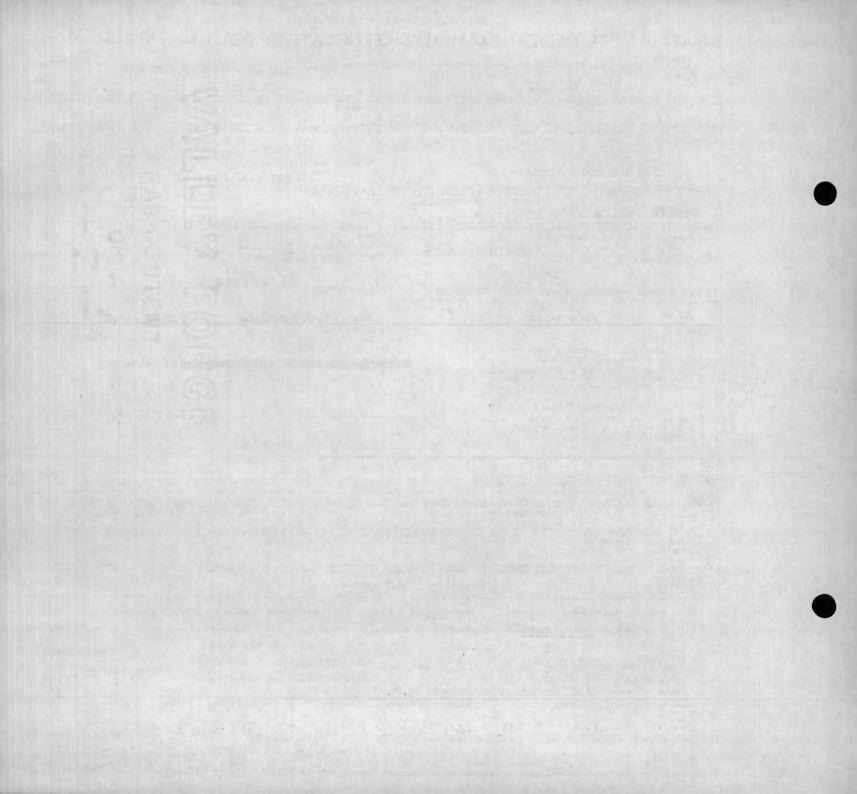
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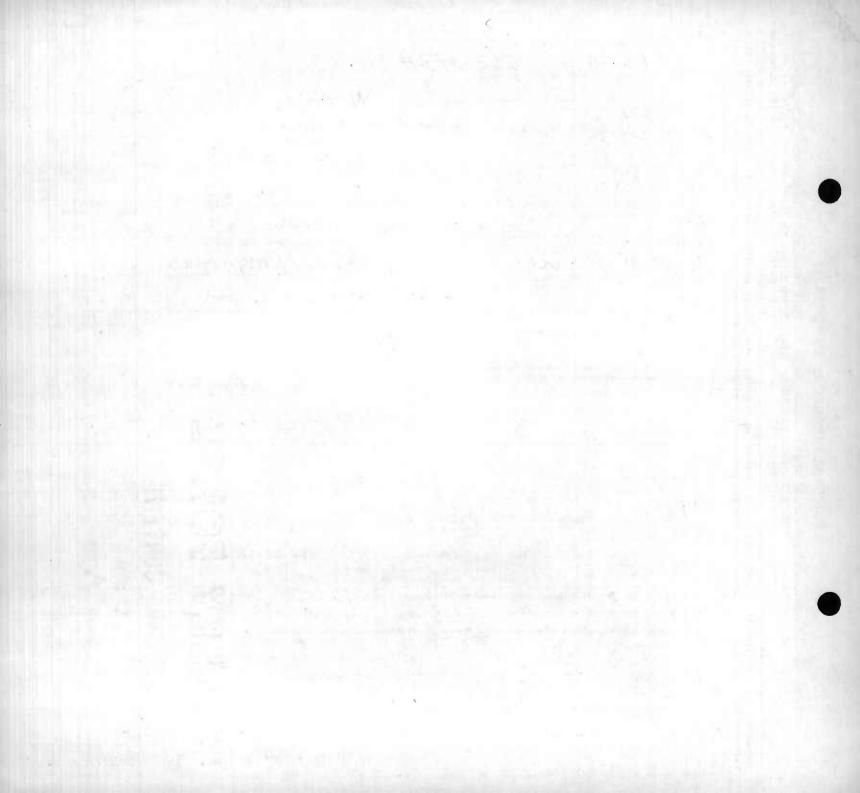


65 11064 .

	DICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No. 1100
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print) MARION BRIC	KER	October 26, 1965 5:30 P
3. PLACE IN BALTIMORE, MARYLAND, V		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOC NSTITUTION	TAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
		Baltimore
521 Harwood Av	enue	D. STREET ADDRESS (If rurol, give locotion) 521 Harwood Ave.
female white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. Months, Days, Hours, Min.
TOA. USUAL OCCUPATION (Give kind of wo	OF BUSINESS OF INDUS	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
done during most of working life, even iteretired		MARYLAND WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
5. WAS DECEASED EVER IN U.S. ARME		17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give wor or do	tes of service) SECURITY NO.	7 4 /
No Non	C .	USE OF DEATH INTERVAL BETWEEN
	of dying e.g., is the discose, leoth.) SES ANY, GIVING STATING THE . (C)	teriosclerotic cardiovascular disease 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
	RFORMED 21 B. PLACE OF INJURY (e.	NO Sp., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
√ 21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH. □ CAUSE	home, form, foctory, stree	er, office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Ye OF INJURY (APPROX.)	WHILE AT NO	ED 21F. HOW DID INJURY OCCUR? OT WHILE T WORK
22. I certify that I held on		Autopsy ond that on this basis, death in my opinion
resulted from: Natural c	-674	clde Homicide Undetermined monner
ACTUAL SIGNATURE EXAMINER'S	1 7	CHIEF MEDICAL EXAMINER DATE SIGNED A.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER October 27, 1965
NAME (Type) Rudige	r Breitenecker, M.B	
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 10-2	23C. NAME OF CEMETER	RY or CREMATORY 23D. LOCATION (City, town, or county) (State)
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
OCT 29 1965 R.C.	& E. FarberMA	GEO L. Schwab KUNEAR GITTONE



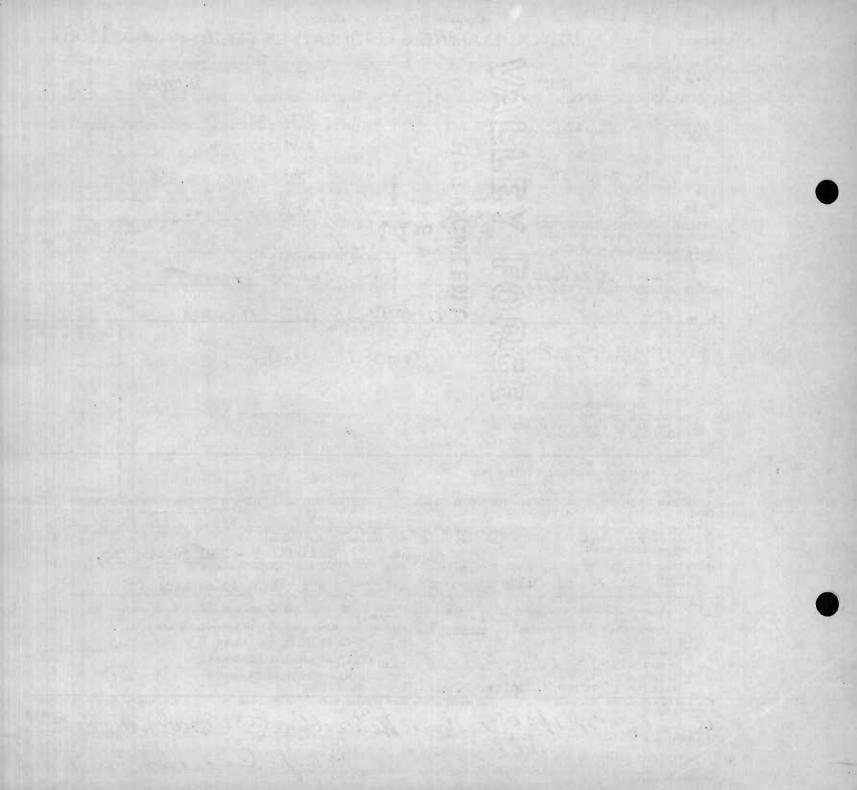
BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT

11066

.E. CASE NO.	
NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
JOHN E KEIMIG	10/27/65 3:50 р. м.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission B. COUNTY
LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION) STITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give fownship)
	Riviera Beach D. STREET ADDRESS (If rural, give lacation)
City Hospitals	232 Kenwood Ave. P.A.
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs last birthday) Manths, Days, Hours, Min.
ale white In arried	1/17/1921 44
A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRATE OF MORE OF BUSINESS OR INDUSTRATE OF BUSINESS OF O	RY IT. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lolin Driving	D- a la Dilana
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS A
s, no arunknown) (If yes, give war or dolles of service) SECURITY NO.	or all to Win - above
IB. CAUS	SE OF DEATH INTERVAL BETWEEN
E 4/4,13	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cran	iocerehral injury
(This does not mean the made of dying e.g., heart failure, asthenia, etc. It means the disease.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)	yes yes yes in or about 21C. WHERE DID (If in Boltimore City, give exact lacation) office bldg., INJURY OCCUR?
WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB- UTING □ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.) 12ctory 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	yes yes yes yes in certifying causes of Death? yes yes in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg. Weiskittel - 4901 Pulaski Hwy.
WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 12ctory 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	yes yes yes yes in certifying causes of Death? yes yes in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg. Weiskittel - 4901 Pulaski Hwy.
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.) 21B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.) 12ctory (APPROX.) 10 27 65 3:12p WHILE AT A NOT AT WORK	yes yes yes in ar about office bidg, linux occur? Weiskittel - 4901 Pulaski Hwy.
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIBE- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., hame, farm, foctory, street, etc.) 10 COPY (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) 10 27 65 3:12p WHILE AT X NOT AT X OCCURRED OF INJURY (APPROX.) 1 Certify that I held on Inquiry Inspection A	yes yes yes yes in CERTIFYING CAUSES OF DEATH? yes yes yes yes yes in a about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg, INJURY OCCUR? Weiskittel - 490l Pulaski Hwy. 21F. How DID INJURY OCCUR? WORK was caught in machine utopsy ond that on this basis, death in my opinion Ide Homicide Undetermined monner
21A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.) 12 COTY 21D TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED (APPROX.) 10 27 65 3:12p WHILE AT AT NOT AT WORK 22. 1 certify that I held on Inquiry Inspection Air resulted fram: Natural couses Accident Suici	yes yes yes yes yes yes yes yes yes was caught in machine while was caught in machine work on those on this basis, death in my opinion tide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DIA DEATH of D
WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.) 21D. TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that I held on Inquiry Inspection A	yes
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MALE WHITE WARRIED NOVEED Ispecify) MARRIED NOVEED Ispecify MARRIED NOVEED Involve NAME UNDER NAME ISPECIAL NOVEEN IN THE COUNTRY NAME OF ALL TO THE DEATH BUT NOT RELATED TO THE DIFFERENCE NAME OF ALL TO THE DIFFERENCE NAME OF	1. N	AME OF DECE	ASED			TE OF DEAT	E AND HOUR OF DEAT	тн
TULL NAME OF MOSPITAL OR (If not in hospited or institution, give steed oddress or location) ST AGNES HOSPITAL S. SE GONES HOSPITA			ADAMS,	EDWAR	D	I A LISUAL PESIDENCE	10-26-65	14:30%X00 Pm
ST AGNES HOSPITAL Content of the property o	F	ULL NAME OF	F (If not in hospital a	or institution,	give street	A. STATE MARYLAND C. CITY OR TOWN BALT I MOR	(If outside city limits, wri	te RURAL and give township)
ALE MALE MHITE MARKED MARK	V	ST AG	NES HOSPITA	11				
Second Service	5. S	EX		7. MARRIED, WIDOWE	D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.
16. SOCIAL SECURITY NO. 17. INFORMANT CATON ARVES 2122 18. CATON ARVES 2122 2122 2124 2							r foreign country)	12. CITIZEN OF WHAT COUNTRY?
YES 18. 18. 18. 19. 19. 19. 19. 19.	13.		A.E.					
18. OT DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart (allue, ashheria, etc. It means the disease, injury or complication which coased death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED WAS PERFORMED ON THE CONTRIBUTING CAUSES OF DEATH? 27A. ACCIDENT WAS UNDERLYING North Cause of the complete of the com	IS. Yes	, no or unknown)	Ever in U. S. Armed Fore (If yes, give wor or date:	ces? s of service)	16. SOCIAL SECURITY NO. 215-01-3049		OSPITAL REC	CATON AVES. 2122 CORDS, WILKINS AND
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimate City, give exact location) or CONTRIBUTING CAUSE OF CAUSE		intury or com	plication which coused		0	1 -	1	
That (I) (we) last saw the deceased alive an localise of that (I) (we) last saw the deceased alive an localise of that (I) (we) last saw the deceased alive an localise of that (I) (we) last saw the deceased alive an localise of locali		DISEASES O rise la the UNDERLYING OTHER SIGNIF TO THE DE DISEASE OR (R CONDITIONS, if above cause (A) (CONDITION last. FICANT CONDITIONS CALATH BUT NOT RELACONDITION CAUSING IT	death.) any, giving stating the ONTRIBUTIN TO THE	(C)			
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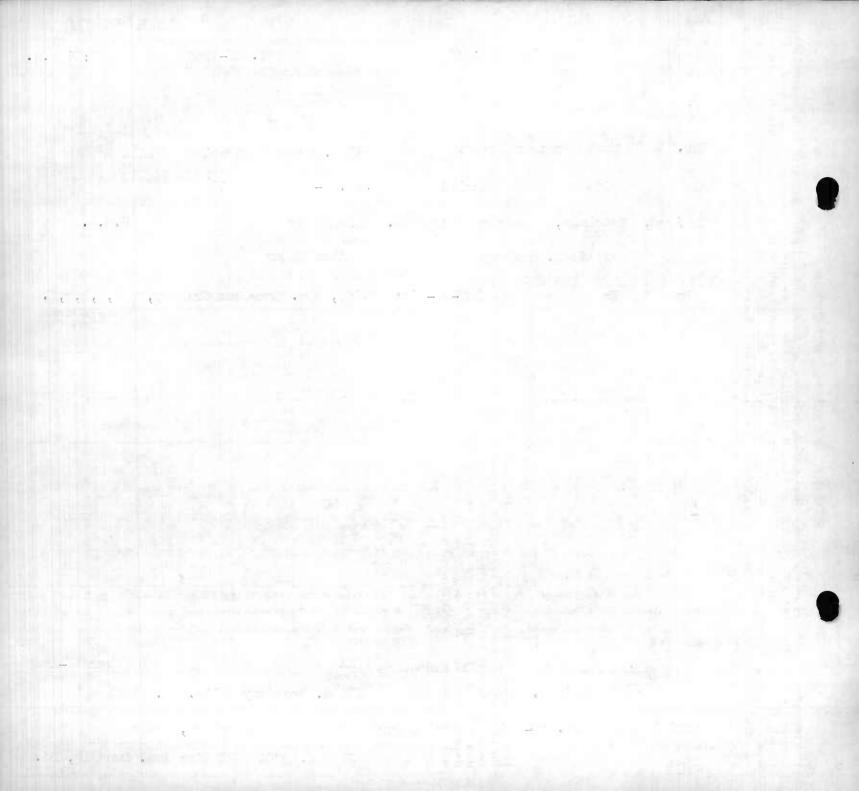
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IMPORTANT

DIRECTOR:

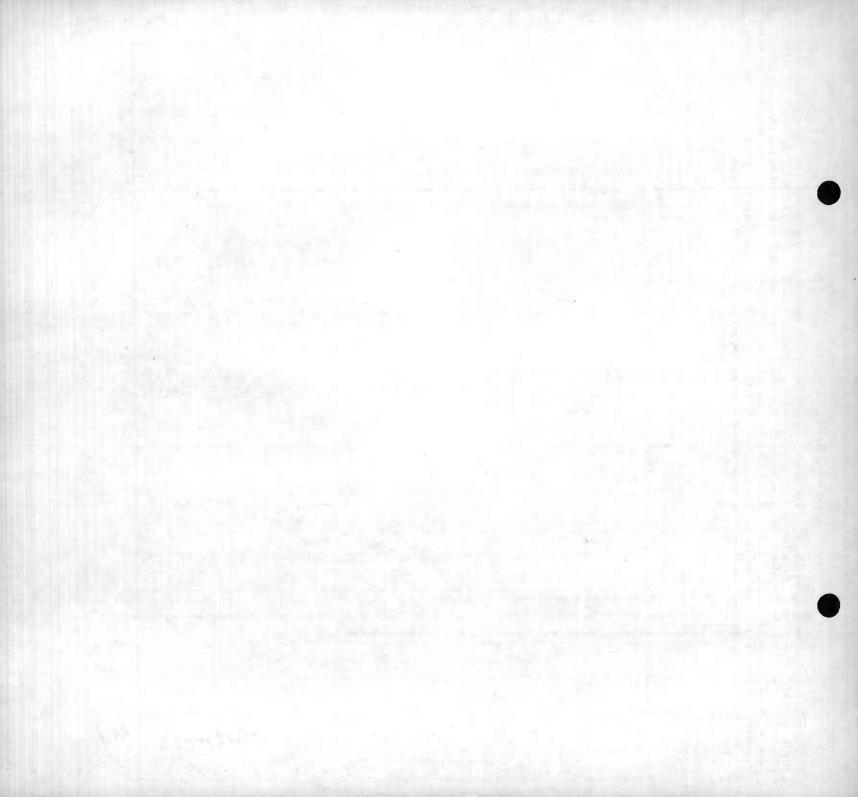
BALTIMORE CITY HEALTH DEPARTMENT

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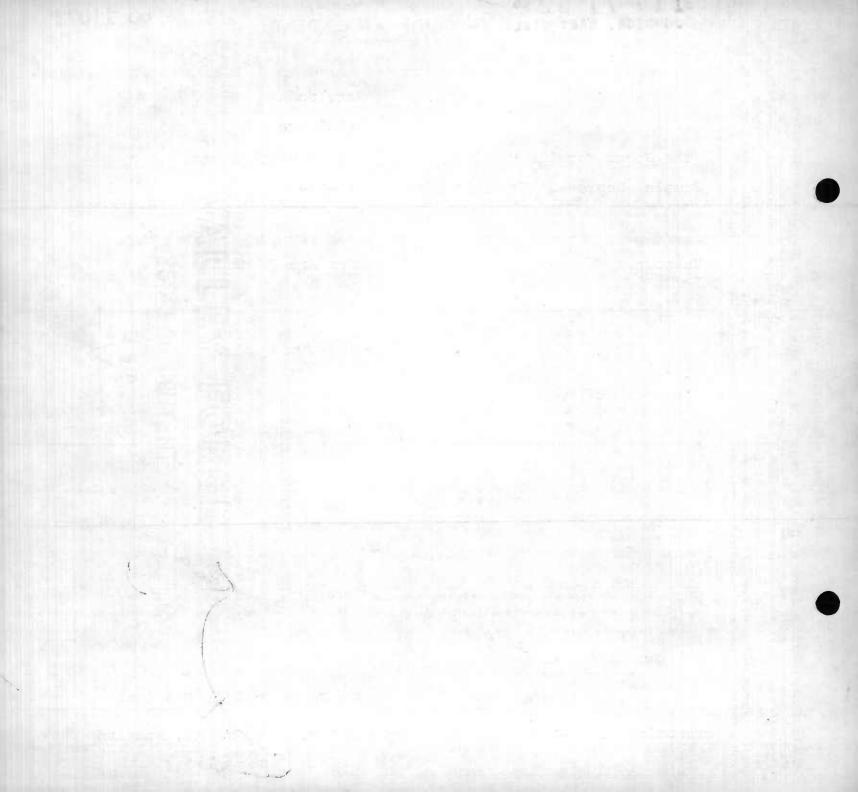


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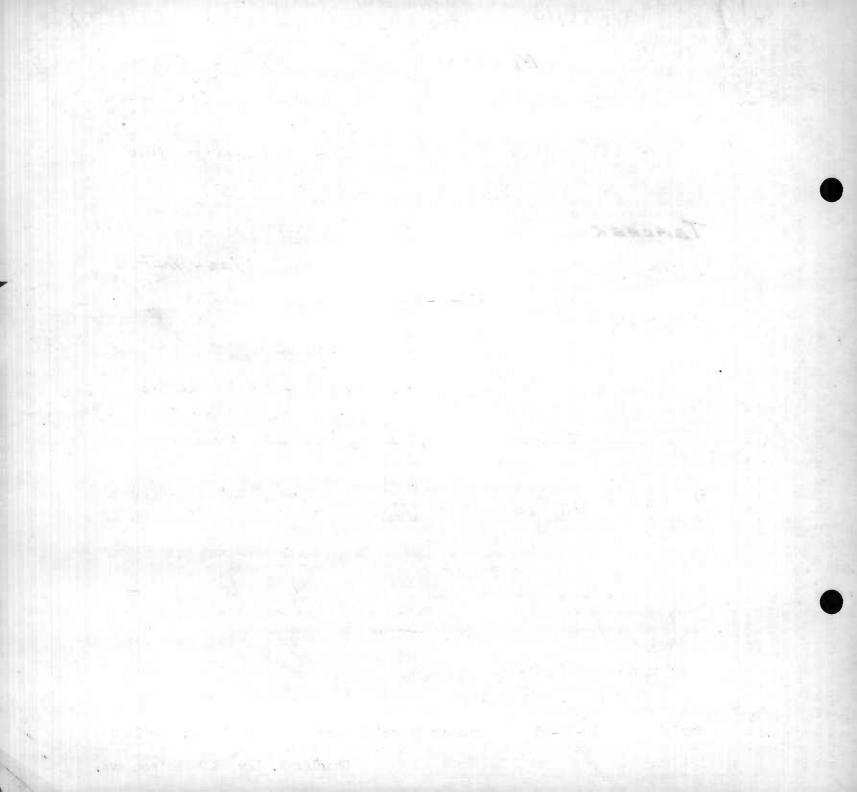
	65 11	074	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	00 11	0/1	CERTIFICA	TE OF DEATH	Registered No.	55 11071
M.E. CASE NO.	CEASED		<u> </u>		HOUR OF DEATH	
(Type or Print)	ETHEL	STAL	1808	2. DATE AND	10/26/63	640
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	,,,,,	4. USUAL RESIDENCE (Where	deceased lived. II in	stitutian: residence before admission)
				A. STATE B. COUNTY	BALTI	MORE
HOSPITAL OR		or institution, in)	give street	C. CITY OR TOWN, (If outside		
INSTITUTION	many Har	OTTAL		BALTIMORE	de city minis, while i	and give lownship
2 / /	MERCY HOS	PITAL			ol, give location)	7001
Politica				412 S. LEV	nigh STR	EET
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. , If Under 24 Hrs,
FEMALE	White		ARRIED (specify)	3-1-1893	st birthdoy)	Manths Doys Hours Min.
				11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF
dane during mast of	working life, even if retired)			MARYLAND		WHAT COUNTRY?
3. FATHER'S NA	AAE			14. MOTHER'S MAIDEN NAME		0.3.4.
		-1.1 1	=-4/1			-1/
	TRICK Tim	/		MARY CATH	ERINE ZO	EIIER
5. Was Deceased Yes, no or unknown	d Ever in U. S. Armed For n) (II yes, give wor ar date	rces? es af service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO				GEORGE STAVRE	05, 412 5	. Lehigh ST.
18. 2.6	XI		CAUSE O			INTERVAL BETWEEN
	SE OR CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A)	DEPTICETULA		V DAYS
	not meon the mode of osthenio, etc. It meons		DUE TO			
	mplication which caused		0 H-0	DAME BILLEADA	1 151 1110	Dire 2 4000 .
	ANTECEDENT CAUSES		DUE TO	COURL BILLHERA	e algue	
	OR CONDITIONS, if		DI	ipxites Hell	100.4	(7)
	G CONDITION last.	staling the	(C) (C)	TABLES LACOL	- LYKS	
OTHER SIGN	IIFICANT CONDITIONS C	CONTRIBUTING	G			
	CONDITION CAUSING		E			
	F OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes ar Na)	208. IF YES, WERE F	FINDINGS CONSIDERED
19A. DATE OF	WAS PER	PORMED		1ES	IN CERTIFYING CAL	JSES OF BEATH?
U 21 AL ACCIDE	NT WAS UNDERLYING UTING CAUSE OF		PLACE OF INJURY (e.g., in	ar obout 21 C. WHERE DID	(If in Baltimore	City, give exect lacotion)
& DEATH (notify	y medical examiner)	etc.)		nee singa masaki occok.		
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJUI	Y OCCUR?	
S (APPROX.)			ile At Nat While		7	
22 4	.1 . (1) (-1)	Wa		10 11	11-	/A 2/
		/	he deceased from		@	D-26 19 AJ
) last saw the decease				in (my) (our) opi	nion death accurred an the dat
		ted above. (1) (We) (did) (did not) v	iew the bady after death.		
23A. SIGNATI	URE	DO 01				23 B. DATE SIGNED
	ension	P. 0	Phy:	ending Med. St Director Ph	off nys.	10/26/65
23C. PHYSICIA	AN'S Type)	1		23D. ADDRESS		1 1
	EUSEBL	0 P.	GONZALEM.D.			
24A. BURIAL CRE	MATION, 24B. DATE	24C.N	AME of CEMETERY OF CRE	MATORY 24D, LOC	ATION (Ci	ty, town, or county) (State)
REMOVAL	(Specify) (10/39/1	5 1/	Cthal	1 Canata E	2.14	MI
SA. DATE RECT	BY HEALTH DEPT	DSB NAME C	OF REGISTRAR	25C FUNERAL DIRECTOR	dillimore	ADDRESS Z
OCT 2	9 1965 12 0	4- 2 AFA	Lo PruMa	A/ - / I TIME	10	. "
0012	" Inde Ulake	7 -, 40	,	INICHOLAS I, MI	MILLENS 3	OZI EASTERN AVE.
VS 150-REV. 1/1/	00				_	



NAME OF DEC	145-27165 EASED		2. DATE AI	ND HOUR OF DEAT	Н
ype or Print)	Baby Girl	Johnson	1.12	6/65	1 212 P
FULL NAME CHOSPITAL OR	ATH IN BALTIMORE, MAR (If not in hospitol o oddress or locofion)	r institution, give street	A. USUAL RESIDENCE (Who A. STATE 8. COUN Maryland C. CITY OR TOWN (If ou Baltimore	ere deceosed lived. II NTY	e KURAL and give township)
The T	ohns Hopkins	- Hospital			
SEX		7. MARRIED, NEVER MARRIED	1039 Central	9. AGE (In years	If Under 1 Yr If Under 24 Hrs
Female	Negro	Never Married (specify)	10-26-65	lost birthdoy)	Months Doys Hours Min.
	UPATION (Give kind of work) working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	eign country)	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAM	ME		14. MOTHER'S MAIDEN NA	ME	
Unknow	n		Edna Mae Joh	nson	
. Wos Deceosed	Ever in U. S. Armed Forc (If yes, give wor or dotes		17. INFORMANT	mson	ADDRESS
DISEAS	SE OR CONDITION DIRE	ECTLY			ONSET AND DEATH
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65 1111/3	TIMORE CITY HEALTH DEPARTMI	\/ CE	5 440mn
BIRTH NO. M.E. CASE NO.	RTIFICATE OF DEA	TH Registered No. 65	110/3
T.NAME OF DECEASED (Type or Print) / IATS / C. / A DOWN	2. D	ATE AND HOUR OF DEATH	210 6 0
3. PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENC	OCTOBER 27 19	16\$ 8:00 PA
STEACE OF DEATH IN SACTIONAL MARKETING	A. STATE B.	COUNTY	-105
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN	(If outside city limits, write RURA	NOICE
INSTITUTION	RACTIM	OPE	6 3-00
UNIVERSITY HOSPITAL	D. STREET ADDRESS	(If rural, give location)	
UNIVERSITY HOSPITAL	2006 h	JORTHEAST HO	IE.
5. SEX 6. RACE 7. MARRIED, NEVER M. WIDOWED, DIVORCE WIDOWED, DIVORCE WIDOWED, DIVORCE	ARRIED 8. DATE OF BIRTH 5/30/08	9. AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS done during most of working life, even if retired)	OR INDUSTRY 11, BARTHPLACE (State	or foreign country) 12	CITIZEN OF WHAT COUNTRY?
The last of working the even it retired	MARYL	AND	USA
13. FATHER'S NAME	14. MOTHER'S MAID	EN NAME	
PHILLIP STEVENSON 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIA	NANNI 17. INFORMANT	E WASHINGS	ADDRESS /
(Yes, no or unknown) (If yes, give wor or dotes of service) SECUR	ITY NO.	1 1/months	Onniena Sla
No 214-40		- HEIGHTO.	MICKER 74
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		ONSET AND DEATH
LEADING TO DEATH	THYPACEDET	BRAC HEMONNIA	Mary 3day
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	Charlest view and a contract of the contract o	
injury as camplication which caused death.)	AN/ninkm 1	DANICINIONA	
ANTECEDENT CAUSES	DUE TO	WHEN CALLOSA	
DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the	15 THROMBOUS	DE CORONO	8 days
UNDERLYING CONDITION last.	101 and alast both Lafe Ed 196 linder	HRTERV	
z II	THE TOTAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF PERATION 19B. CONDITION FOR WHICH OP	RATION 20A. AUTOPSY? (Ye	es or No) 208. IF YES, WERE FIND	DINGS CONSIDERED
B10/19/65 WAS PERFORMED GO	ccusion YES	IN CERTIFYING CAUSES	S OF DEATH?
U 21A. A CIDENT WAS UNDERLYING 21B. PLACE OF home, form, fo	INJURY (e.g., in or obout 21 C. WHERE tory, street, office bldg., INJURY OC	DID (If in Boltimore Cit	ly, give exact location)
DEATH (notify medical examiner)		****	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY O		DID INJURY OCCUR?	
(APPROX.) While At Work	Not White At Work		
22. I certify that () (this hospital) attended the deceas	ed from 10/14	19 65 to 0	1965
that ((we) lost saw the deceased alive on	10/27 19 65	ond that In (mg) (our) opiniar	deoth occurred an the dot
and hour and from the couses stated above. (1) (%) (di	d) (did not) view the body ofter	death.	
23A, SIGNATURE	AA D Aboution		B. DATE SIGNED
Svan Z. Butlen	M.D. Attending Med. Phys. Directo	Stoff Phy s.	1927/65
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	12/1/ 11.0100	
IVAN C. 13UTCEN	M.D. UNIVERC	THESPITH	7
REMOVAL (Specify)	METERY OF CREMATORY		own, or county) (Stote)
	s Memorial Park	Baltimore, Mar	
OCT 29 1965 P. S. H. E. Fallen			ADDRESS
OCT 29 1965 Robert E. tarkey M.	Charles	R. Law 802 Madiso	on Ave.



65 11074 BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 11074

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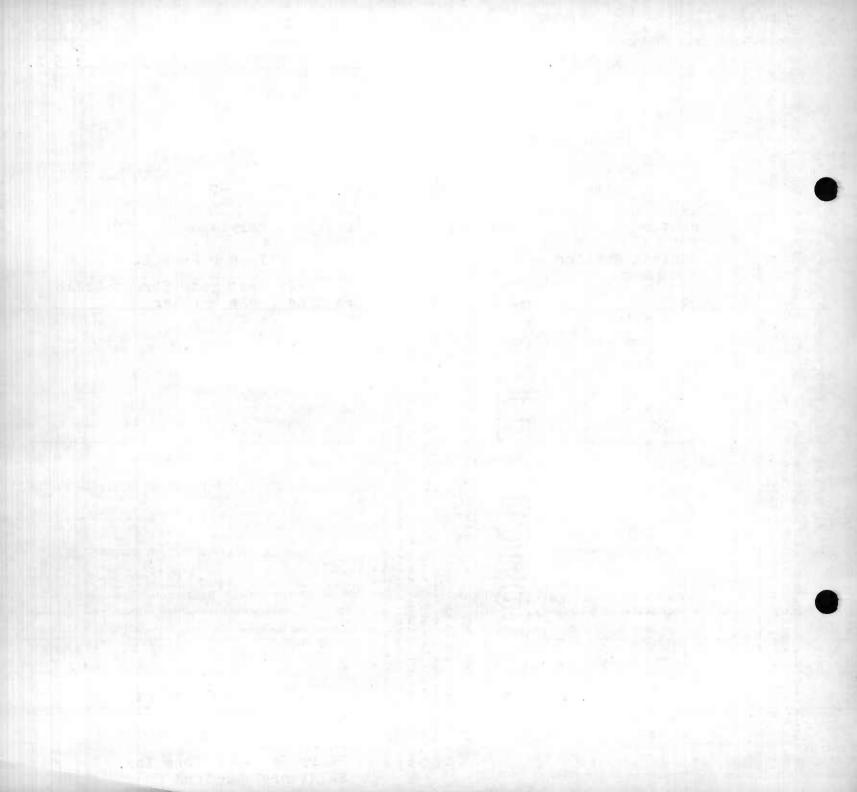
M.	E. CASE NO.								
1. (Ty	NAME OF DEC				2. DATE AND HOUR PRONOUNCED DEAD				
	The same	CHARLES							unknown M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission B. COUNTY				lence before odmission)
FILL	LL NAME OF	HE NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Ma	ryland			
HO	SPITAL OR	ADDRESS OR LOCA	ATION)	OHON, GIVE STREET	11		e corporote limits, write	RURAL on	d give township)
114.3	4				Ва	ltimore		1/-1	13
U.S. Public Health Service Hospital			D, STREET AD	DRESS (If rurol,	give location)	1			
1					71	1 Dolphi	n Street		
5. 9	EX	6. RACE		NEVER MARRIED	B. DATE OF BIR	TH	9. AGE (In years		1 Yr. If Under 24 Hrs.
m	ale	white		DIVORCED (specify)	3-3-1908	2	lost birthday	Months	Doys Hours Min.
IOA	USUAL OCCI	IPATION (Give kind of wor	Wido	WGC F BUSINESS OR INDUSTRI			in country)	12. CITIZE	N OF
don	e during most of v	working life, even if retired)		, position on the state	Maxton,	11.	, ••••iii,,,	WHA	COUNTRY?
	Merchant					MAIDEN NAM		0. 1	J. A.
	James Wa				Mary			1000	
15.1 (Yes	WAS DECEASE	O EVER IN U.S. ARM ED	of service)	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	No			219-01-0958	Lila Mo	Clain -	2810 Edmond	son Av	7e.
	1B, ///	3 V		CAUSE	OF DEATH				INTERVAL BETWEEN
	Tusta	E OR CONDITION D	DECTI V						ONSET AND DEATH
	DISEA	SE OR CONDITION DI LEADING TO DEATH		Hyper	tensive	cardiova	scular dise	ase	
	(This does the heart failure.	not meon the mode of osthenio, etc. It meons	dying, e.g.,	DUE TO	***************************************				\$40-044C4-00466
	injury or cor	mplication which coused	deoth.)					- 10	
		ANTECENDENT CAUS	FS						
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B)		••••••			
	RISE TO TH	E ABOVE CAUSE (A) S	TATING THE						
z	ONDEREN	TO CONDINON LASI		(C)					*************
은		II.	, No.						
8		NIFICANT CONDITIONS							
ERTIFICATION		R CONDITION CAUSING							••••••
	19A. DATE OF	OPERATION 198, CON		WHICH OPERATION		SY? (Yes or No)	208. IF YES, WERE FIT		
O	2	WAS PER	(FORMED		Yes		Yes	PEZ OF DE	AIH?
 		L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21 C.	WHERE DID	(If in Boltimore City, gi	ve exoct lo	cotion)
500		SE OF DEATH.	etc.)	e, form, foctory, street,	mee biog., INJU	KT OCCUR?			
Z	21D TIME	(Month) (Doy) (Yeo	r) (Hour) :	21E. INJURY OCCURRED	21 F I	ILNI DID WOH	URY OCCUR?		
	OF INJURY	(Monin) (Doy) (1eo				TOW DID INS	OKI OCCOK.		
	(APPROX.)		m.	WHILE AT NOT	ORK				
	22.	tify that I held an I	nguiry [Inspection Au	opsy X o	nd that on th	is basis, deoth in m	ny opinion	
	non-ul	ted from: Notyfal ca	weer V	Accident Suicid			Undetermined manne		
	16301	Ted from: Nording Co	Oses A	Accident				" ' '	
	ACTUAL	1-16	Mat.	7 4		MEDICAL EX			DATE SIGNED
	SIGNAT		My	when M.D	ASSISTANT			Oct. 2	27, 1965
	EXAMIN NAME (. FI1/17 C	er Brei	tenecker, M.D.	ASSOCIATE	MEDICAL EX	XAMINER		
	MOVAL (Specif	()		C. NAME OF CEMETERY	CREMATORY	23 D. L	OCATION (City,	town, or c	ounty) (Stote)
	Burial	10-30-6	55	Mt. Auburn		Be	altimore, Mar	ryland	
		BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNE	RAL DIRECTOR			DDRESS
	OCT 29	1965 Robert	- Village	dis.		les R. I		ison A	Ve.
VS	151-REV. 1/1/					()			

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DIRECTOR:

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FUNERAL DIRECTOR: IMPORTANT

Тур		CONNELL,		4 J.		0-28-65	1	1:55A M
F	ULL NAME O		aı institutian,	give streat	4. USUAL RESIDENCE (WEA, STATE B. COU	INTY	2	18-04
	OSPITAL OR NSTITUTION	ST. AGNES		ΓAL	BALTIMORE D. STREET ADDRESS		ONE 29	give tawnship)
					4505 MANOR			
	MALE	WHITE	WIDOWE	NEVER MARRIED DOWED (specify)	10-12-83	9. AGE (In years last birthdoy)	Months [1 Yr. If Undar 24 His. Days Houis Min.
dane	Retire	ad Comptrol	ler, H	lochschild	Y 11. BIRTHPLACE (Stote or fail MARYL		USA	EN OF T COUNTRY?
		CONNELL	•	hn o.	NELLIE			
5. V Yes,	Vas Deceased ,na ai unknawn)	Ever in U. S. Armed Fair (If yas, give war ar date	ces? s of sarvica)	SECURITY NO.	ST. AGNES RE	CORDS -CA	TON &	WILKENS AV
		E OR CONDITION DIR LEADING TO DEATH		(A) Mas	sine Pulmerres	4 husertio	7	NSET AND DEATH
	OTHER SIGNIT	E OR CONDITION DIR LEADING TO DEATH of mean the made of pathenia, etc. II meons olicotian which caused NTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. II ICANT CONDITIONS CATH BUT NOT RELA	dying, e.g., the disease, deoth.) ony, giving stoling the	(C)	esine Pulmeres			
CATION	OTHER SIGNIT	E OR CONDITION DIR LEADING TO DEATH of mean the made of posthenia, etc. It means olicotian which caused NTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. IL ICANT CONDITIONS CATH BUT NOT RELA CONDITION CAUSING IT	dying, e.g., the disease, deoth.) ony, giving stoling the ONTRIBUTING TED TO THE	(C)			E FINDINGS (CONSIDERED
AL CERTIFICATION	OISEAS (This does in heart foilure, injury or com DISEASES Of the UNDERLYING OTHER SIGNIFT TO THE DEDISEASE OF THE DEDISEA	E OR CONDITION DIR LEADING TO DEATH of mean in the made of ostheria, etc. It means blicolian which caused NTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. IL ICANT CONDITIONS CONTINON CAUSING IT OPERATION 198. CONDITION CAUSING IT OPERATION 198. CONDITION 198.	dying, e.g., the disease, deoth.) ony, giving sloling the ONTRIBUTINITED TO TH T. DITION FOR V ORMED	(C) G E WHICH OPERATION PLACE OF INJURY (a.g., laim, foctory, street, street	20 A. AUTOPSY? IYes or h	No) 20B, IF YES, WERE IN CERTIFYING C.	E FINDINGS (CONSIDERED
MEDICAL CERTIFICATION	OISEAS (This does in heart foilure, injury or com DISEASES Of the UNDERLYING OTHER SIGNIFT TO THE DEDISEASE OF THE DEDISEA	E OR CONDITION DIR LEADING TO DEATH I mean the made of osthenio, etc. It meons of the caused of the country of the country of the caused of t	dying, e.g., the disease, deoth.) ony, giving stoling the ONTRIBUTION TO TH T. DITION FOR Y ORMED 21B ham etc.	G PLACE OF INJURY (a.g., le, laim, foctory, street, linjury occurred lile At Nat Wh	20A. AUTOPSY? IYes or NYES in or about 21C. WHERE DID office bldg., INJURY OCCUR?	Na) 208, IF YES, WERE IN CERTIFYING C.	E FINDINGS (CONSIDERED EATH?
MEDICAL CERTIFICATION	OISEAS (This does not heart foilure, injury or community or contribution of contribut	E OR CONDITION DIR LEADING TO DEATH I mean the made of obthenia, etc. II means of obticotion which caused in the course of the	dying, e.g., the disease, deoth.) ony, giving stoling the ONTRIBUTINI TED TO TH T. DITION FOR YOUR MED 21B ham etc. Haus) 21E. Wh wa) attended to dalive on	CCTOBER	20A. AUTOPSY? IYES OF PYES in or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN	ODE TO STATE TO THE STATE OF TH	E FINDINGS CAUSES OF DI	CONSIDERED EATH? exact locotion) 28 19 65 a occurred an the data
MEDICAL CERTIFICATION	OISEAS (This does not heart foilure, injury or community or community or community or community or community or community of the DISEASE OR (I) OTHE DISEASE OR (I) OR CONTRIBUDEATH Inatify 21 A. ACCIDEN OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and	E OR CONDITION DIR LEADING TO DEATH I mean the made of obsthenia, etc. II means of the caused of the condition which caused of the cause of the cau	dying, e.g., the disease, deoth.) ony, giving stoling the ONTRIBUTINI TED TO TH T. DITION FOR YOUR MED 21B ham etc. Haus) 21E. Wh wa) attended to dalive on	GE WHICH OPERATION PLACE OF INJURY (a.g., e., laim, foctory, street) INJURY OCCURRED lile At Nat White At Work At Work No CTOBER I) (We) (did) (did nat)	in or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN COCTOBER 16	ODE TO STATE TO THE STATE OF TH	E FINDINGS CAUSES OF DI	exact locotion) 28 19 65
MEDICAL CERTIFICATION	OISEAS (This does not heart foilure, injury or community or community or community or community or community or community of the DISEASE OR (19A-DATE OF CONTRIBUDEATH Inatify (APPROX.) 21A. ACCIDEN OR CONTRIBUDEATH Inatify (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATUR 23C. PHYSICIAI	E OR CONDITION DIR LEADING TO DEATH I mean the made of obsthenia, etc. II means of the caused of the condition which caused of the cause (A) conditions, if obave cause (A) conditions of the conditions of the conditions of the conditions of the condition of the	dying, e.g., the disease, deoth.) ony, giving stoling the ONTRIBUTINI TED TO TH T. DITION FOR Y ORMED 21B, ham etc. Haun) 21E, Wh a d alive on ed abave. (GE WHICH OPERATION PLACE OF INJURY (a.g., e., laim, foctory, street) INJURY OCCURRED lile At Nat White At Work At Work No CTOBER I) (We) (did) (did nat)	20A. AUTOPSY? IYes or NYES in or about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN ide OCTOBER 16 28 19 65 and to view the bady after death ttending Mad. ys. 23D. ADDRESS	IJURY OCCUR? 19 65 ta OC Staff Phys.	E FINDINGS CAUSES OF DI	exact location) 28 19 65 occurred an the date signed = 28-65

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VS 150-REV. 1/1/65

CE 44000	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 11079
ыктн но. 65 11079	CERTIFICA	ATE OF DEATH	Registered Na	00 110.0
M.E. CASE NO. , NAME OF DECEASED Type or Print) Fannie 1	Mae McQuilkin	2. DATE AND	t. 27/65	
PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where	deceased lived. If ins	stitution: residence before odmissio
FULL NAME OF (If not in hospital HOSPITAL OR oddiess or location	or institution, give street	Md . C. CITY OR TOWN (If outsi		28-06
INSTITUTION			de city limits, write K	UKAL and give township)
5109 Brook GreenR	and	D. STREET ADDRESS (If ru	rol, give locotion)	
olds prope aleems	oau	5109 Brook		
Sex 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	May 6/83	AGE (In years birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of working life, even if retired) W	Own Home	Y 11. BIRTHPLACE (State or foreign	a country)	12, CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	1.	14. MOTHER'S MAIDEN NAM	E	
George W. Snyder		Mary C. Rich	nards	
5. Was Deceased Ever in U. S. Armed For		17. INFORMANT		ADDRESS TO
Yes, no or unknown) (If yes, give wor or dote	es of service) SECURITY NO.	Howard P. McQu	ilkin.51	9 Brook Green
18. 420.)	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DI	RECTLY			ONSET AND DEATH
LEADING TO DEATH	(A) Con	many occlues	~	5 munde
(This does not meon the mode of heart failure, asthenia, etc. It means	dying, e.g., DUE TO			
injury or complication which coused	d deoth.)	dissour cons	9 5	. (10
ANTECEDENT CAUSES	S (B) DILE TO	worden con	les magnitud	170
DISEASES OR CONDITIONS, if	ony, giving			
rise to the obove couse (A) UNDERLYING CONDITION lost.	stoling the (C)			
ONDERETING CONDITION 1051.				
OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE			
19A, DATE OF OPERATION 19B. CON WAS PER	NDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)
21D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED While At Work At Work	21 F. HOW DID INJU	RY OCCUR?	
22. I certify that (1) (this begins	il) attended the deceased fram	*	51 to 0	27 27 1963
that (1) (we) last saw the decease	the wife is now	45		nian death accurred on the d
and haur and fram the causes sta	ated abave. (1) (We) (did) (did>net)	view the bady after death.		
23A. SIGNATURE	O. T. A. M.D. A.	Hending Med. S	itoff.	238. DATE SIGNED
23C. PHYSICIAN'S	Ph			/
JOHN A NE	JKITT JK. M.D	1009 Frederic	ch had, ba	etemine hed 2/2
4A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF C			y, town, or county) (State
burial 10/29/	65 Druid Ridge R	idea Pilras	sville 8.	Ma .
5A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ATTTO O	ison Appress
OCT 29 1965 OLL	Set E. Janey Time	vitzke F. D. 4:	101 Edmond	ison ave

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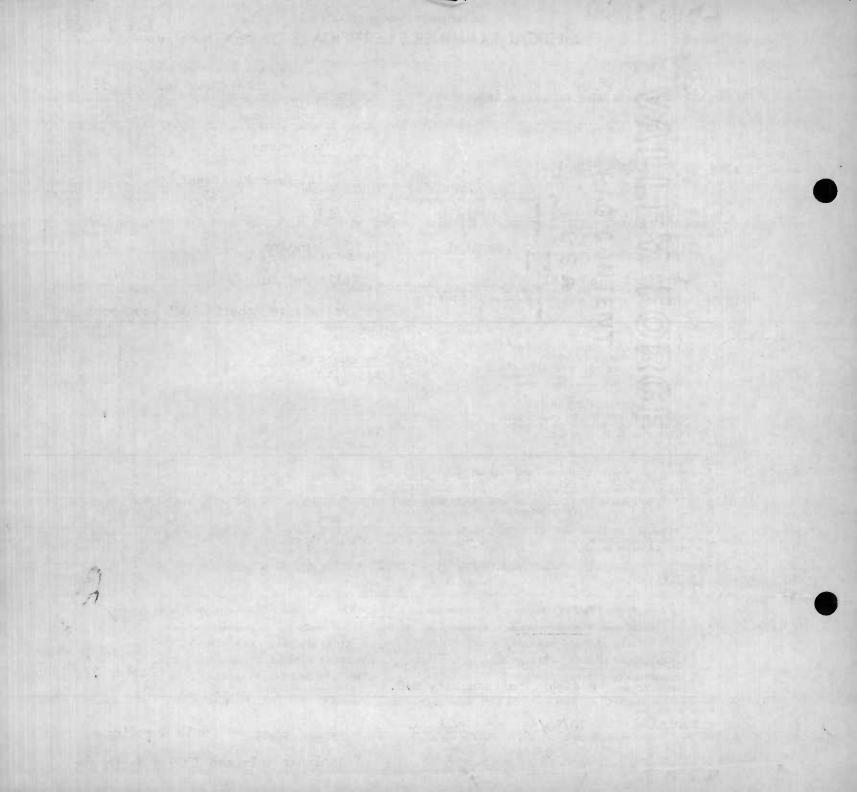
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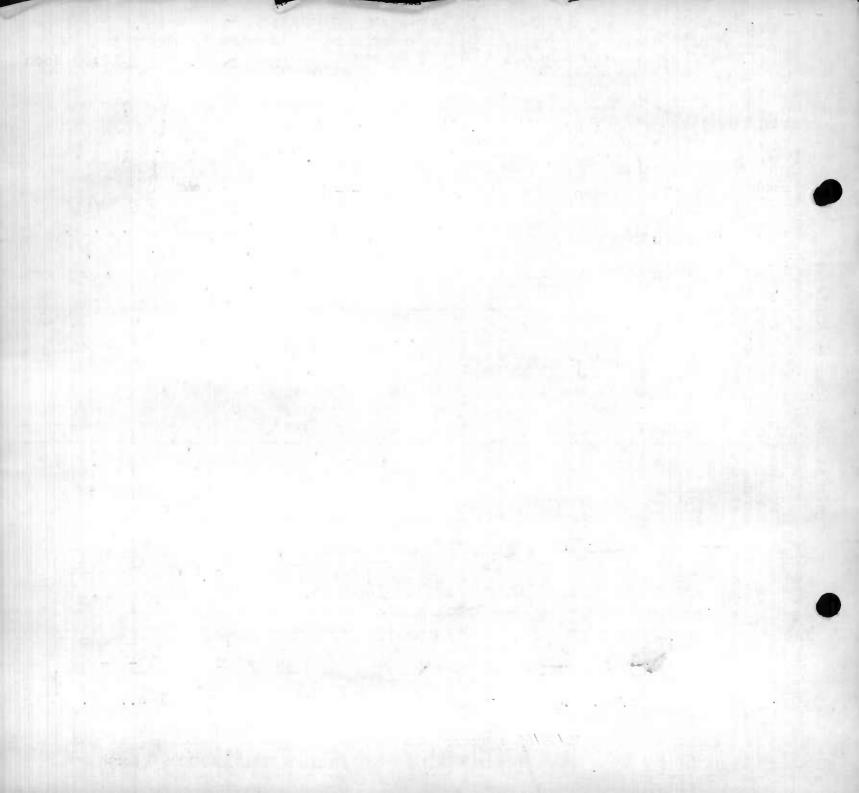
F-363

BALTIMORE CITY HEALTH DEPARTMENT

65 11080

BIRTH NO.	MEDI	CAL EXAMINER	'S CERT	TIFICATE OF I	DEATH Registe	red No.
M.E. CASE NO.	CEACED			10 DATE AN	D HOUR BRONGUNG	ED DEAD
(Type or Print)		EDITADDA			HOUR PRONOUNCE	
3 PLACE IN RAI	FLORENCE	EDWARDS HERE PRONOUNCED DEAD	Па		ber 27, 1965	5:30 A M. itution: residence before odmission)
S. FEACE IN BAC	THINIORE, INTAKICAND, W	HERE FRONOUNCED DEAD	Ä.	STATE	B. COU	INTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION				Connectic		RURAL ond give township)
13				New Haven		
Prov	vident Hospita	1	D.	STREET ADDRESS (If rurol,	give location)	
				211 Newha	11 Street	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify		ATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.
female	negro	MARRIED		8/18/		
	CUPATION (Give kind of work f working life, even if relired)	108 KIND OF BUSINESS OR IN	IDUSTRY 11.	BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Clerk		Hospital		S Carolina		USA
13. FATHER'S NA	ME		14.7	MOTHER'S MAIDEN NAM	E	
Roy Ja	mes McDoniel			Julia Belton		
15. WAS DECEAS	mes McDaniel	FORCES? 16. SOCIAL		NFORMANT		ADDRESS
1.00	(If yes, give wor or dote	s of service) SECURITY NO.		Mrs Roberta Ro	sharts 2825	Woodhnook Asso
no					Duerts Zozy	
18. 3 8	1101		CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION DI					
/Th:	LEADING TO DEATH	(A) .DI		neumonia		***************************************
heort foilure	e, osthenio, etc. It means	the disease.	fatty	/ liver		
injury or co	omplication which coused	deoth,)				
	ANTECENDENT CAUSE	S				
DISEASES	OR CONDITIONS, IF A	NY, GIVING (B)	o		**********************	
	HE ABOVE CAUSE (A) ST ING CONDITION LAST.	TATING THE				
		(C)				
2	ll l			Note that the last of the last		
OTHER SIG	GNIFICANT CONDITIONS					
DISEASE O	DEATH BUT NOT REI			*******************************		20000*000000000
-		DITION FOR WHICH OPERATIO	ON 2	A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIR	NDINGS CONSIDERED
Ö	WAS PER	FORMED		Yes	IN CERTIFYING CAUS	SES OF DEATH?
ZIA. EXTERN	AL CAUSE WAS	218 PLACE OF INJUR	RY (e.a., in or			ve exact location)
UNDERLYING	USE OF DEATH,	home, form, foctory,	street, office	bldg., INJURY OCCUR?		
THE DIES	OSE OF DEATH,	Clast				
21 D TIME OF INJURY	(Month) (Doy) (Year	Hour 21E. INJURY OCC	URRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)		M. WHILE AT	NOT WHILE	.E		
22.				_		
l ce	ertify that I held on I	nquiry Inspection	Autops	XX ond that on thi	is bosis, deoth in m	ny opinion
resu	ulted from: Notural co	uses X Accident	Suicide	Homicide U	Undetermined monne	er
	1/211	//		CHIEF MEDICAL EX	AMINER _	DATE CICKED
ACTUA		11 tuner	THE AS	SISTANT MEDICAL EX	AMINER X	DATE SIGNED
SIGNA				SOCIATE MEDICAL EX	_ (October 27, 1965
EXAMI NAME	(Type) 'Rudiger	Breitenecker, M	ID.			
23A. BURIAL CR REMOVAL (Speci		23C. NAME of CEM	AETERY OF CR	EMATORY 23D. L	OCATION (City,	, town, or county) (State)
Burial	10/30/	165 Samuel -			0	
24A. DATE REC'I		248 NAME OF REGISTRAR		24C, FUNERAL DIRECTOR	South C	arolino DRESS
0.07 /	\$ 9140950020	JACO TO THE	2124		Miles March	
080	20 1000 460	and c' dansening	19	Adolphus Hal	stead 1206	W North Ave
VS 151-REV. 1/1	1/65					





	BALTIMORE CITY BIRTH NO. 65 1108 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH Registered No.	5 11082		
3-650	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) ALVIN BROWN	2. DATE AND HOUR PRONOUNCED DEA 10/26/65			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION)	A. USUAL RESIDENCE (Where deceosed lived. If institution: A. STATE Maryland C. CITY OR TOWN (If outside carparate limits, with RURA) Baltimore			
	Provident Hospital	D. STREET ADDRESS (If rural, give location) 1903 Regester St.			
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) male colored	8. DATE OF BIRTH 9. AGE (In years If Ur lost birthday) Mont	nder 1 Yr. If Under 24 Hr hs Doys Hours Min.		
	10A. USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INE	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDR	ESS		
	DISEASE OR CONDITION DIRECTLY	atty liver	INTERVAL BETWEEN ONSET AND DEATH		
Z	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Ö			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NDT RELATED TO THE DESTASE OR CONDITION CAUSING IT TO THE DEATH BUT NDT RELATED TO THE TOTAL THE DEATH BUT NDT RELATED TO THE HYDE	rtensive cardiovascular disease			

20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Boltimore City, give exact location) hame, form, factory, street, office bldg., INJURY OCCUR? etc.)

21D TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY m. WHILE AT NOT WHILE

Autopsy X I certify that I held on Inquiry Inspection and that on this bosis, deoth in my opinion resulted fram: Notural causes X Accident Suicide Homicide Undetermined monner

ACTUAL SIGNATURE EXAMINER'S

Werner U. Spitz,

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

DATE SIGNED 10/26/65

(State)

(City, town, or county)

23D. LOCATION

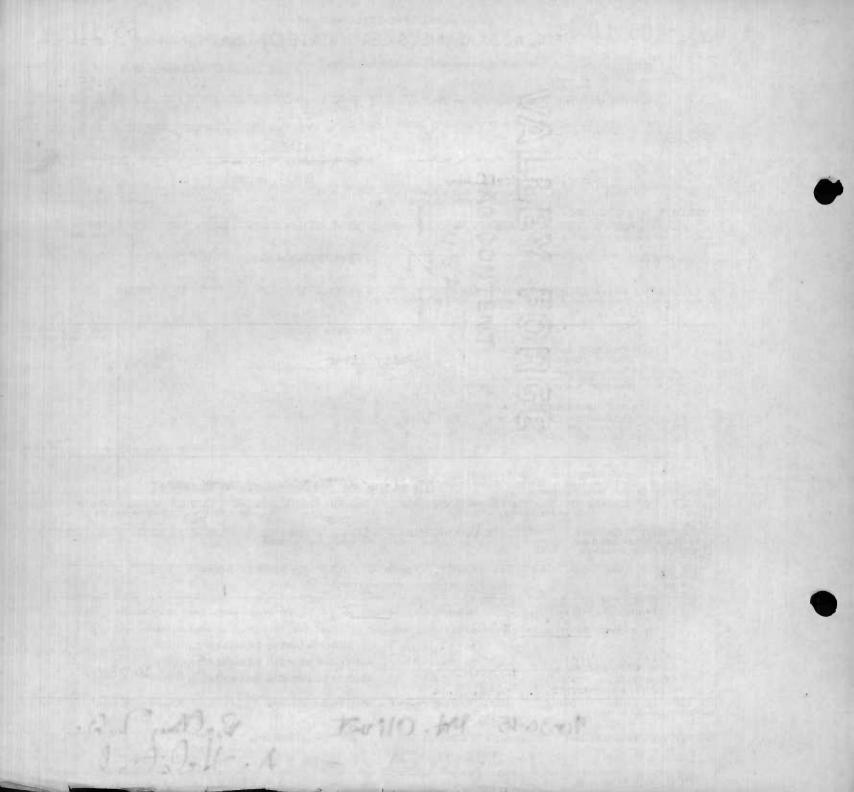
REMOVAL (Specify)

23C. NAME of CEMETERY or CREMATORY

VS 151-REV. 1/1/65

NAME (Type) 23A. BURIAL CREMATION,

22.



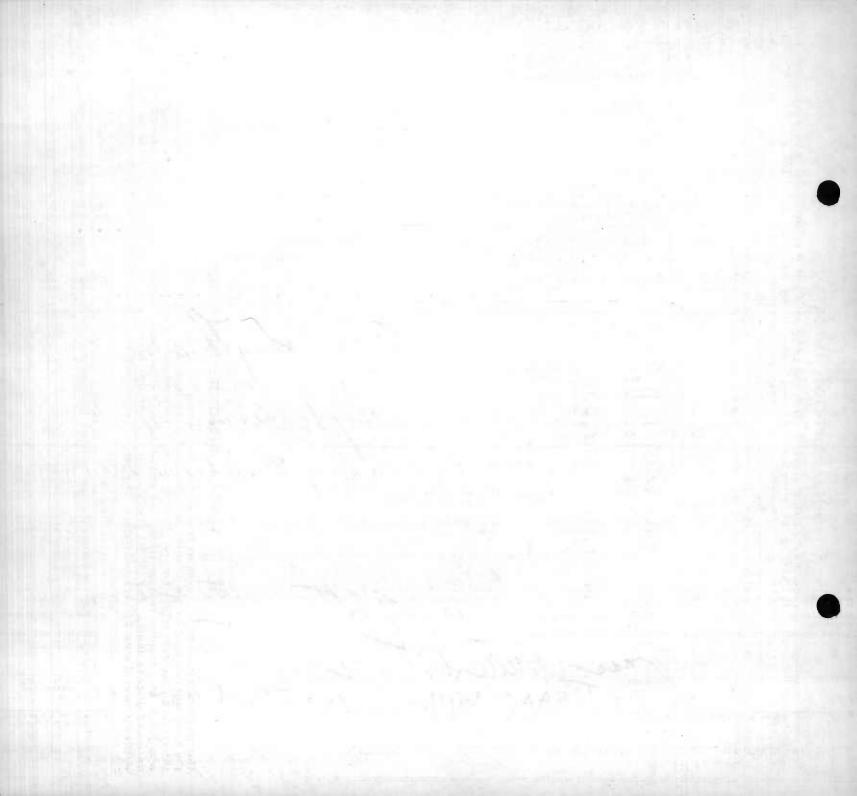
			BALTIMORE CIT	Y HEALTH DEPARTME		(3 mm
BIRTH NO.	65 1108	33	CERTIFICA	ATE OF DEA	TH Registered No	65 11083
NAME OF DE	CEASED			2. D	ATE AND HOUR OF DEAT	Н
Type or Print)	Domenick Demo	Ai			10/26/65	4:20 9
. PLACE OF D	EATH IN BALTIMORE, MA			4. USUAL RESIDENC	E (Where deceased lived. If	institution: residence before admission
FULL NAME			give street	Ad	Balt, (it	T.
HOSPITAL OR	oddress or location	1)		C. CITY OR TOWN	(If outside city limits, write	e RURAL and give tywnship)
2	Midbown How	ne		Dalle	more	
0	808 S	Balt, Ma	St.	D. STREET ADDRESS	(If rural, give location)	C
	1	Balt, Ma		1 232	S. HIBHI	D /.
SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	10 AGE (In years	If Under 1 Yr., If Under 24 Hr
M	W		DIVORCED (specify)	7/24/79	lost birthday)	Months Days Hours Min.
17						
	CUPATION (Give kind of work f working life, even if retired)	IOR KIND OF	ROZINEZZ OK INDOZIK	1 11. SIRIMPLACE (Store	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknow				ITALY		
3. FATHER'S NA				14. MOTHER'S MAID	EN NAME	
Unknow	m			Unknown		
. Was Decease	d Ever in U. S. Armed Fore	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, na ar unknov	(n) (If yes, give wor or dote	s of service)	21 3228440 A			
no			213220440 H			
1B. 44 4	3 X I		CAUSE	OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DIR	ECTLY				ONSET AND DEATH
	LEADING TO DEATH		Ca.	1 is also	1 200	. 0
(This does	not mean the mode of	dving, e.g.,	DUE TO	aro - ray	arturalus	
heart loiture	, asthenio, etc. Il means	the diseose,	Une	sternot -	artursleer	ter CUHI)
injury or co	mplication which caused	deoth.)	77	1 1	61 - 5	10
	ANTECEDENT CAUSES		(B)	mestrie	Wast 1	avene
DISEASES	OR CONDITIONS, II	anu aivina	DUE 10	X .		
	he above cause (A)		(C) C	VA (oca) - beminles	na not
	IG CONDITION last.					Y
OTHER SIGN	II NIFICANT CONDITIONS C	ONTRIBUTING	3			
TO THE	DEATH BUT NOT RELA	TED TO TH				
DISEASE OF	R CONDITION CAUSING I			100.0	NOT THE RESERVE OF THE PERSON	
OTHER SIGN TO THE DISEASE OF	OF OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Ye		E FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCID	ENT WAS UNDERLYING DESCRIPTIONS OF	21B	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE	DID (If in Boltim	ore City, give exact location)
DEATH (noti	fy medical examiner	hom etc.		office bldg., INJURY OC	CUR?	
3	iy illedicor exolillien					
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21 F. HOW D	ID INJURY OCCUR?	
(APPROX.)			le At Not Wh			
(All Roll)		Wo	rk L At Worl	k 🗀		
22. I certif	y that (1) (this hospital) attended ti	he deceased fram	an 25	19 62 to O	ct 26 1965
that (I) (we	e) last saw the decease	d alive as	or 1 72	10 (. (and shot in (mix) (pinian death accurred an the do
						pinian death accurred an the ac
and haur a	nd from the causes stat	ed abave. (I) (did nat)	view the body after o	death.	
23A. SIGNAT						23B. DATE SIGNED
11.00	1000	11/11/	M.D. A	tending Med.	Stoff T	10/25/65
elle	all Corp	Tell	Ph	ys. Directo	Phys.	127/63
23C. PHYSICI	ANS	-		23D. ADDRESS	4.4	0
131.114	- A Anni El	155	M.D	5501 Van	K Height	la Bini Di
William	אשטקון וו בנת	500			7,-7,	· Dalto M
REMOVAL	(Specify) 248 DATE	24C. N	AME of CEMETERY OF C	REMATORY	24D. LOCATION	(City, town, or county) (Stote)
12.1	:010-1	9-65	Maril Pall	Today 0	B. M. Tueno	Just
1000	not I	DER MANAGE	riew Loga	veles	Va cumore	400000
5A. DATE REC'	D BY HEALTH DEPT.	ZOB. NAME	F REGISTRAR	25C FUNERAL DI	RECTOR	ADDRESS
	The state of the s	Note 540 A	-1. W. H. H.	OV	(V) produced	000011111
001	5 1302 OFF	10 E.	tarbeyPill	190001	2 Fella Une	Le 322 S. High 2
S 150-REV. 1/1	29 1965 (12,6)	かとい	talleyma	Paul	2 Fella Voe	e 322 S. f (igh 2

IMPORTANT

DIRECTOR:

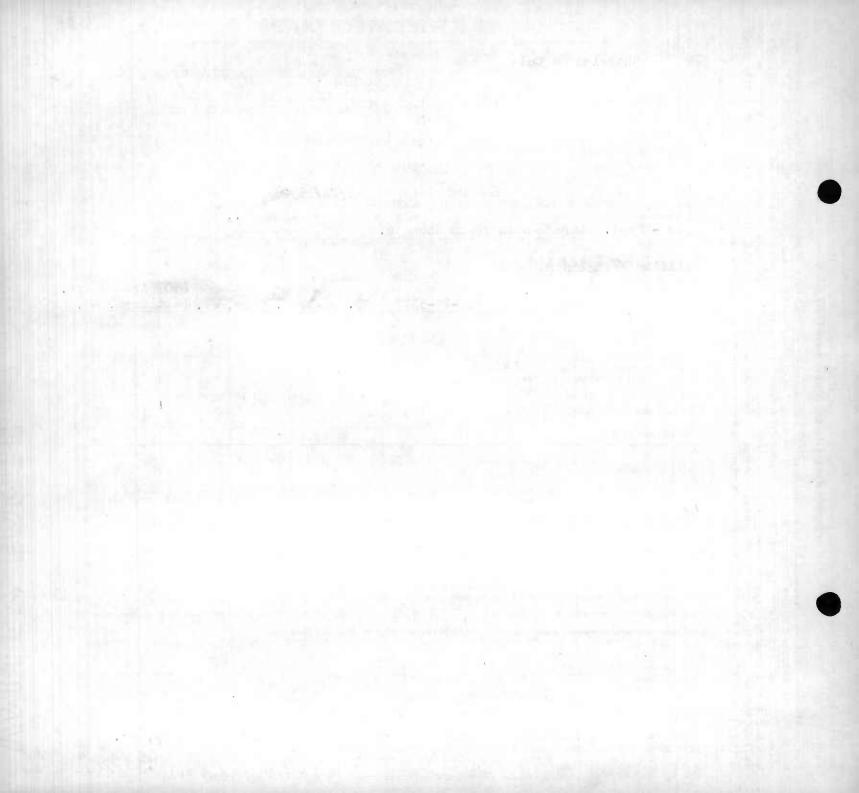
FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



Such

	65 1100	50	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO.			CERTIFICA	TE OF DEATH	Registered Na.	65 11085
Type or Print	200	Cole	Region 1	2. DATE	+ 27,1965	
. PLACE OF D	EATH IN BALTIMORE MA			4. USUAL RESIDENCE (V		institution; residence before admission
FULL NAME HOSPITAL OF	All a lander	-1	- /	A. STATE B, CO	JUNTY	27-15
INSTITUTION	ary brd	fax. 1.	Hospital	Baltin	ore	RURAL ond give township)
0		37		D. STREET ADDRESS	(If rurol, give location)	Avenue 9
SEX	6. RACE	WIDOWE	NEVER MARRIED D. DIVORCED (specify) dowed	3/26/1892	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
	CUPATION (Give kind of world	10B. KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
Fitter-	Dept. Store	Hochso	child Kohn Co.	Caroline In Ing	bad	WHAT COUNTRY?
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN	. 4	, ,
	am Franklin De	/		Emily	6 Bartl	eff
Yes, no or unknow	ed Ever in U. S. Armed For wn) (If yes, give wor or dote None	ces? es of service)	SECURITY NO.	17. INFORMANT	490	07 Kramme Ave.
	MOHE		213-28-3377 CAUSE O	Mr. Lewis T.	Core, ar. Bar	
1B. DISE	ASE OR CONDITION DIE LEADING TO DEATH	RECTLY			- 6 - 102	INTERVAL BETWEEN ONSET AND DEATH
heart foilure	nal meon the made af e, osthenia, etc. It means amplication which caused	the disease,	DUE TO	Accident	٤ ,	
	ANTECEDENT CAUSES		(B)		***************************************	
iise la l	OR CONDITIONS, if the abave cause (A) NG CONDITION last.		(C)	~ c1~c0 = c0 = c0 = c4 = c0 = c0 = c = c0 = c1 = c0 = c0 = c0		
E TO THE	II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING	ATED TO TH			233	
	OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF		ne, form, foctory, street, of	n or obout 21 C. WHERE DIE	(If in Boltimo	are City, give exact locotion)
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		INJURY OCCUR?	
(APPROX)		We	ork At Work	7/1-/		1
that (I) (we	fy that (I) (this hospitale) last saw the decease	ed alive an	10/27	19 6 T and		pinian death accurred on the da
23A, SIGNA	/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, (a) (did) (did iidi) V	Tow the budy until ded		23 B. DATE SIGNED
4	slend on t.	bun	Ango M.D. Atte	ending Med.	Stoff Phys.	10-27-65
23 C. PHYSIC	IAN'S (Type)	m t	ABUNDAYM.D.	Many by	2 les. 1	Hisital
24A. BURIAL CI	REMATION, 24B. DATE	24C. N	AME of CEMETERY OF CRI		LOCATION (City, town, or county) (State)
Buria		.965 I	enton Cemeter	7	aroline Coun	ter. Md.
OCT 2	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIREC		Bulling 17
/S 150-REV. 1/1	1/65					



BALTIMORE CITY HEALTH DEPARTMENT

TIESTER BEFORE BUTTER LUTER-CE Md. GELT CORE MNINERSITY OF Md. HOSP SETTINGE - TO O 1248 Newfield Rd (1-1) M Can Pill Company U.S. P. Callie Mumphry Freande G-I bleeling man /11 organ Encourse wite shoot simile 14 hours Caremona of parents 11 -11-1964 Abstanles panhue -62 -01 20 33 -01 O O 10-25-6

	65 11087		BALTIMORE CITY	HEALTH DEPAI			11087	7
BIRTH NO.			CERTIFICA	TE OF DE	ATH Registere	d No.		
NE CASE NO	ECEASED				2. DATE AND HOUR OF	DEATH		
Type or Print)	WIRTH, Willia	am Frede	rick		October 27,	1965 8	3:45	P
PLACE OF	DEATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESID	DENCE (Where deceased live B. COUNTY		lence belore	odmi s si
FULL NAME	R oddress or location	on)		Maryland C. CITY OR TO	d Anne Arun	No	Its ive township)	•
	Administration Raven Blvd.	on Hospi	tal	Catonsv	ille Manor	tion)	3-0	0
	e, Maryland 2	1218		1114 Ba	ker Avenue	21207		
. S EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRT		ors If Under 1	Yr. If Und	der 24 F
Male	Caucasian	Widow	o, DIVORCED (specify)	8/17/97	lost birbdoy)	Monms	ys Hours	Min
	CUPATION (Give kind of word of working life, even if retired)	rk 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN	OF COUNTRY?	
Retired	- Pumpman	Standan	d Oil Co.		re, Maryland	U.S.		
3. FATHERS N	AME		~	14. MOTHER'S A	AAIDEN NAME			
Conrad	Wirth			Emilie 1	Mentzel			
5. Was Deceas	ed Ever in U. S. Armed Fo	orces? les of service)	1 6. SOCIAL	17. INFORMANT			DDRESS	
Yes	9/11/17 - 4	/12/19	215-07-1094	Veterans .	Administration	Hosp. Balt	co. Md.	,
18.5-2	7.11	IN LOVE	CAUSE O	F DEATH			ERVAL BETV	
DISE	ASE OR CONDITION DE		D	h o				
(This does	LEADING TO DEATH		(A) Brone	chopneumor	ТЯ		days	
heart failur	e, osthenia, etc. It meons	s the diseose,	506 10					
injury or c	omplication which caused		Cor 1	Pulmonale		sev	eral y	ears
DISCASES	ANTECEDENT CAUSES		DUE TO	***************************************		***************************************		000000000
	OR CONDITIONS, if the above cause (A)		(c) Pulmo	onary Empl	nysema	5 3	ears	
UNDERLYI	NG CONDITION lost.		***************************************					
≅ TO THE	II CONTINUE OF THE PROPERTY O	ATED TO TH						[63]
	OF OPERATION 198, CON		WHICH OPERATION	20A. AUTOPS	(? (Yes or No) 208, IF YES.	WERE FINDINGS CO	NSIDERED	
19A. DATE		RFORMED		70.013	IN CERTIFYIN	WERE FINDINGS CO	ATH?	
OR CONTR	DENT WAS UNDERLYING [IBUTING CAUSE OF tify medical exominet)		PLACE OF INJURY (e.g., in e, form, foctory, street, of	or about 21 C. WI	HERE DID (If in E	Baltimore City, give e	xact location)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. H.C	W DID INJURY OCCUR?			
≥ OI IIIIJOKI		Wh	le At Not Whil	е				
20.		Wo	Al Work		/			. 72
22. I certi	fy that (1) (this hospita e) last saw the deceas	I) ottended t	he deceased from Jun	e 21, KE	19 65 10.0			9_65
					ond that In (My) (at	ur) opinion deoth	occurred or	n the d
	and from the couses sto	oted obove.	(Me) (qiq) (qiq yoʻi) A	iew the body o	fter deoth.			
23A. SIGNA	TURE	10/	reso			23 B. DATE		
1	oun!	H	M.D. Alle	s. D	rector Stoff Phys.	10/28/	65	
23C. PHYSIC NAME	CIAN'S (Type)			23D. ADDRESS	3900 Loch Rav		_	
JOHN			M.D.	VA Hospit	al, Baltimore,	Maryland	21218	
4A. BURIAL C	REMATION, 248, DATE	24C. N	AME of CEMETERY OF CRE	MATORY	24D. LOCATION	(City, town, or c	o unty)	(Stole
Buria		965 Lo	udon Park Cem	eterv	Baltimore,	Md.		
	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERA			ADDRESS _	7
DCT 9	9 1965 00	C.C.T.	0. 45		Jichner 8 no	salto. m	p 2 12	~ ~
S 150-REV 1/	1/65	0 6,30	YIEL THE	wm.F	Jumesons	were to	a.uv	۵.

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25B NAME OF REGISTRAR

11088

BIRTH NO.

Was

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

M.E. CASE NO. I. NAME OF DECEASED

(Type at Print)

3. PLACE OF DEATH IN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

limits, write RURAL and give township) If Under 1 Yr. Months: Days If Under 24 Hrs. Yr. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exact location) 26 and that In (aur) opinion death accurred an the date 23 B. DATE SIGNED South Baltimore General Hospital (City, town, or county) ADDRESS 25C/FUNERAL DIRECTOR

Registered Na.

institution; residence before

2. DATE AND HOUR OF DEATH

VS 150-REV. 1/1/65

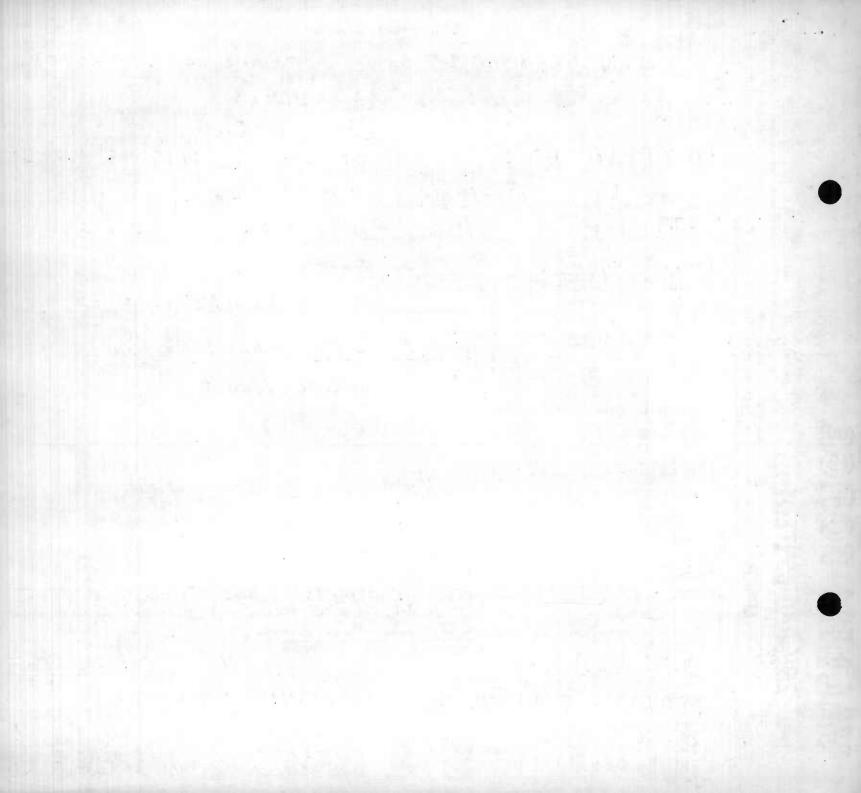
	CITY HEALTH DEPARTMENT
BIRTH NO. M.E. CASE NO. 65 11089 CERTIFIC	CATE OF DEATH Registered No. 65 11089
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Hermon, Irene	10-25-65
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odn A, STATE 8, COUNTY
	Marydond Baltimore
FULL NAME OF (If not in hospital or institution, give street oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
NOTITUTION	Baltimore Maryland
SINAI HOSPITAL	D. STREET ADDRESS (If rural, give popular)
	3903 Edgewood Ra.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under
WIDOWED, DIVORCED (specify)	lost birthday) Months Days Hours
TEMPLE WAYTER WEVER WAYTER	5/14/1907 58
done during most of working life, even if retired)	WHAT COUNTRY?
SALES LADY DEPARTMENT STORE	Balto, MARYLAND USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
XXXXXXXXXXXXXX JULIUS HERMON	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
IYes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO.	1 2 2 1 6356 Carriera CA
10 216707-048	Harry M Naven
9914	SE OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Embral Vaxeula accident 10 days
(This does not mean the mode of dying, e.g., DUE TO	iretral variable decidents 10 things
heart failure, asthenio, etc. It meons the disease,	
injury or complication which caused deoth.)	Hy ses leasion
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C)	Miorea Mia
UNDERLYING CONDITION last.	
11	
Z CONTRIBUTE	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ш	Yla
OR CONTRIBITING CALISE OF home form fortons atree	e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
DEATH (notify medical examiner) etc.)	e none
O 21 D. TIME Manth) Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) White At Not work N	While
Work Al F	1, 1000
22. I certify that (1) (this hospital) attended the deceased fram	0
	196Sand that in(my) (our) aplnlan death accurred an t
and hour and from the causes stated abave. (1) (We) ((did) (did no	
23A. SIGNATURE	23 B, DATE SIGNED
Harry M Stalen M.D.	Attending Med. Stoff Phys. 10-25-65
23C.PHYSICIAN'S	23D, ADDRESS
NAME (Type)	A.D. 5356 Carriage Ct. Baltimore, Wary
24A. BURIAL CREMATION 24B. DATE 24C, NAME of CEMETERY OF	,
BURIAL 10/26/65 SHAAREI ZION	ROSEDALE, MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	SUL LEVINSON & BROS. INC. 6010 REISTERSTON
OCT 29 1965 Robert E. Farley M.A.	The resident a property of the relative state of the relative stat

IMPORTAN

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

FUNERAL DIRECTOR:

	H NO. 65 1109	T	CERTIFICA	TE OF DEATH	Registered Na	'C = 440004	
	00						
	AME OF DECEASED			2 DATE AL	ND HOUR OF DEATH	00 11031	
	e or Print) KLEIN	Rose	= 4		28-65	17:2	7 0
3. P	LACE OF DEATH IN BALTIMORE MA			4. USUAL RESIDENCE (Whe	ere deceased lived. II	institution; residence belore	2 admission
			A, STATE B. COUN	YTY Y	70-7		
	FULL NAME OF (If not in hospital oddress or location		give street	Marylana		00	
	NSTITUTION	"		C. CITY OR TOWN (If, ou	_	RURAL ond give townshi	p) 1
1	Sinai Hospital			D. STREET ADDRESS (III	rurol, give location)		
						Y AUE	
5. S	EX 6. RACE	17 AAA BBIED	NEVER MARRIED				
1	Gemale Couca.	WIDQWE	D, DIVORCED (specily)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Ur Months Days Hours	Min.
	USUAL OCCUPATION (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRE	GIRTHPLACE (State or lore	ign country)	12. CITIZEN OF WHAT COUNTRY	,
10 116	SECRETARY	ACCOU	NTING FIRM	M214/2	NO DAITTI	MORE CI-S- 4	
13. 1	FATHER'S NAME	necou	MINIO IN IN	14. MOTHER'S MAIDEN NA	ME DALI II	MOKE -	
	NATHAN KLEIN			MINNIE			
p .			19 ()		?		
Yes	Nas Deceased Ever in U. S. Armed Fore no or unknown) (It yes, give wor or dote	ces? is of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No		212-01-0205	MRS. THELIE F	OOKSMAN 5	309 FAIRLAWN A	IVE
	18. 200, 11		CAUSE O	FDEATH		INTERVAL BET	
	DISEASE OR CONDITION DIR	RECTLY		,		ONSET AND	
	LEADING TO DEATH		(A) Gen	ieralised Lymp	phosorcom	3 AppRox.	44.
h	(This daes not mean the made of	In the second	DILLE TO				
			DUE 10				
	heart failure, asthenia, etc. It means injury ar camplication which caused	the disease,				641.75	
	hearl failure, asthenia, etc. II means	the disease,	(B) Co	VCINOMATUSU		4405	p
	hearl failure, asthenia, etc. II means injury ar camplication which caused	the disease, deoth.)				4405	ę»
	hearl failure, asthenia, etc. II means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A)	the disease, death.)	(B) Co			4405	<i>p</i>
	hearl failure, asthenia, etc. II means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a rise to the abave cause (A) UNDERLYING CONDITION tast.	the disease, death.)	(B) CO			4405	ge
Z	hearl failure, asthenia, etc. It means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION last.	the disease, death.) any, giving stating the	(B) CO DUE TO			4405	P
TION	hearl failure, asthenia, etc. II means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if the control of the abave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONDITI	the disease, death.) any, giving stating the	(B) CO DUE TO (C)			4405	P
CATION	hearl failure, asthenia, etc. It means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a rise to the abave cause (A) UNDERLYING CONDITION tast. II OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT	The disease, deoth.) any, giving stating the CONTRIBUTION TO THE	(B) CO DUE TO (C)	rcinometoso		4405	e-
TIFICATION	hearl failure, asthenia, etc. II means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if the control of the abave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONDITI	The disease, deoth.) any, giving stating the CONTRIBUTING TO THE TO THE TO THE TRANSPORT OF THE TRANSPORT O	(B) CO DUE TO (C)		o) 208. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?	e-
ERTIFIC	hearl failure, aslhenia, etc. II means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if tise to the abave cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I 19A. DATE OF OPERATION 19B. CONIWAS PERF	The disease, deoth.) any, giving stating the CONTRIBUTION TO TH T. DITION FOR VECTOR AND THE TOTAL TO THE TOTAL TO THE TOTAL	(B) CO DUE TO (C) G WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?	-
L CERTIFIC	hearl failure, ashenia, etc. II means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONUMAS PERFORM CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF	The disease, deoth.) any, giving stating the CONTRIBUTING TO TH T. DITION FOR VECTOR FORMED	(B) CO DUE TO (C) G WHICH OPERATION PLACE OF INJURY (e.g., ire, lorm, loctory, street, of	rcinometoso	208. IF YES, WERE IN CERTIFYING C.	4 4 5	-
CAL CERTIFIC	hearl failure, aslhenia, etc. II means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONWAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	The disease, deoth.) any, giving stating the CONTRIBUTING TO THE TO THE CONTRIBUTION FOR MED	(B) CO DUE TO (C) G G IE WHICH OPERATION PLACE OF INJURY (e.g., irree, lorm, loctory, street, of	20A. AUTOPSY? (Yes or Not about 21 C. WHERE DID fice bidg., INJURT OCCUR?	208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?	-
DICAL CERTIFIC	hearl failure, ashenia, etc. II means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONUMAS PERFORM CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF	The disease, deoth.) any, giving stating the STATED TO THE TO THE TO THE STATED	(B) CO DUE TO (C) G G IE WHICH OPERATION PLACE OF INJURY (e.g., irree, lorm, loctory, street, of	20A. AUTOPSY? (Yes or No lor about 21C. WHERE DID injurt occur?	208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?	-
DICAL	hearl failure, aslhenia, etc. II means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION WAS PERFORE CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	The disease, deoth.) any, giving stating the STATED TO THE TO THE TO THE STATED	(B) DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., ir ne, lorm, loctory, street, of letter) INJURY OCCURRED ite At Not While	20A. AUTOPSY? (Yes or No lor about 21C. WHERE DID injurt occur?	208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?	-
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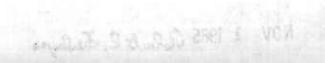
65 11U92		ATE OF DEATH	Registered No.	5 11092
M.E. CASE NO. 1, NAME OF DECEASED	CERTIFICA		ND HOUR OF DEATH	
(Type or Print) WTLKERSON Earl Dou 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	glas	Octo	ber 27, 196	5 5:50 P
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street	Maryland Ar	ne Arundel	RURAL and give township)
Veterans Administration Ho 3900 Loch Raven Blvd.	spital	Annapolis	rurol, give location)	52-10
	8	13 Boxwood B	heo	
WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Male Caucasian Mar	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or for		12. CITIZEN OF
	Construction	Anne Arundel,		U.S.A.
Melvin Wilkerson Sr.		Marion Rye	WE	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv. Yes 9/1/55 - 8/31/59	16. SOCIAL SECURITY NO. 213-34-0893	Veterans Admir	nistration H	ADDRESS Osp. Balto. Md.
1B. 201X1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	Con g estive Heart	1 week	
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury ar complication which caused death.)	e.g., DUE TO	Hodgkins Disease		5 years
DISEASES OR CONDITIONS, if any, gives the state of the course (A) stating UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	The (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF		in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltima	re City, give exact location)
Z1D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not Wh Work At Work		JURY OCCUR?	
22. I certify that (慎 (this haspital) attend		ec. 29,	17 000 10	. 27 19 65
that (*) (we) last sow the deceased alive and hour ond from the couses stated above	on Oct. 27	19 65 and t	hat in (🏋) (aur) ap	inion death occurred an the da
23A/SIGNATURE/	/			23B. DATE SIGNED
John &	A.D. A.	ttending Med. Director	Stoff Phys.	10/28/65
JOHN S. HOWE	M.D		ch Raven Bor Maryland	ulevard 21218
\ <u></u>	HIPPAOIT			Boks Md
25A. DATE REC'D BY HEALTH DEPT. 258 NA. OCT 29 1965 Cloud	ME OF REGISTRAR	25C. FUNERAL DIRECTO	"Tagler &	Por amopolis
VC 150 BEV 1/1/65		1//		

A Louis Land Market and Comment of Comment of Market State of the Comment of the 10-31-15 Helleret Memorial Connespodes me Burrel John M. Leglet Long Donators

BIRTH NO.	65 13	1093	CERTIFICA			Registered Na.	65 11093
M.E. CASE NO.			CERTITICA	TL OI D		NO HOUS OF BOATH	
1. NAME OF DE		ND CT				ND HOUR OF DEATH	
3 PLACE OF D	SIMMS, Willia	M NMT		TA DELINAL DECI		ber 28, 1965	nstitution: residence before odmission
FULL NAME	OF (If not in hospite	of institution,	give street	Maryl	and.	J. MIN	5-33
Veterar Veterar	ns Administra och Ra v en Bou	tion Hos	spital	Balti D. STREET ADD	more	rurol, give location)	RURAL and give township)
	ore, Maryland					ns Ferry Ros	ad
. SEX	6. RACE	7. MARRIED	D, NEVER MARRIED	B. DATE OF BIR	тн	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months: Doys Hours! Min.
Male	Negro	Man	rried	5/30/9		69	
	CUPATION (Give kind of wo f working lite, even if retired		F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Color 1		Md. G	lass Corp.	Baltim		unty, Md	U.S.A.
Nick S				Hattie	Willi	ams	
es, no or unknow	d Ever in U. S. Armed F	ites of service)	1 6. SOCIAL SECURITY NO.	VA HOS	pital	Records	ADDRESS
Yes	8/22/18 - 8	/5/19	213 09 7201		**		Baltimore, Md 21218
DISEASES iise Io † UNDERLYIN OTHER SIG		contribution	Co. Sili	20A. AUTOP	for ca	rcinoma	FINDINGS CONSIDERED
U 21A. ACCID	ENT WAS UNDERLYING		8. PLACE OF INJURY (e.g.,	n or obout 21 C. W		Yes	re City, give exact location)
OR CONTRIL	Y medical examiner	ho	me, form, foctory, street, o	ffice bldg., INJUR	Y OCCUR?		o ony, give exect todallon
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	w	E. INJURY OCCURRED hile AI Not Whi ork AI Work		OW DID IN	JURY OCCUR?	
22. L cartif	v that (1) (this bosnie	al) attended	the deceased from	October	27th	19 65 to Oct	tober 28th 19 65
that (1) (we) last saw the deceand from the causes st	sed alive an.	October 28th	19 65	ond t	hat in (h) (aur) ap	inlan death accurred an the de
23A. SIGNAT	URE	h	0 /				238, DATE SIGNED
2	Muer R	por	ley M.D. Att	s.	Med. Director	Stoff Phys. X	10/28/65
23C. PHYSICI NAME	Anna R. Berk	y	M.D.		_		ven Boulevard 21218
REMOVAL DUTE	al 11-1-	-65 E	Saltimore) OF REGISTRAR	lational	AL DIRECTO	Ballinso	ity, town, or county) (State) ADDRESS
NOV 1	1965 R. C. B	2.30	Benna	Coha	rlee	. Rice, 6	61 W. Barre S

The state of the state of the state of PNT Strike C

65 1400A	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 55 11094	CERTIFICAT	TE OF DEATH	Registered No.	65 11694
M.E. CASE NO.			ND HOUR OF DEATH	33 2200 1
1. NAME OF DECEASED (Type or Print)		Z. DATE AT	3019'60'	C. 305 1
TREDA COOF	DER	UCT	9110	3 3 Am.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUR	NTY.	titution: residenca before admission)
		(MD	5-12
FULL NAME OF (If not in haspital ar institution, give hOSPITAL OR address or location)		C. CITY OR TOWN (If ou	itside city limits, write R	IRAL and give laweship)
INSTITUTION		a ALT	()	onne ono give termonipi
1/2 Since How	10	D. STREET ADDRESS (III	rurol, giva lacotian)	
The But	1	D. SIKEEL ADDRESS		t n.
1 1000		2142	Reister	
	EVER MARRIED DIVORCED (spacify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
1- 0 """	C (specify	3/24/9/	68	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	USINESS OR INDUSTRY	11. BIRTHPLACE (State or force	nigh country)	12. CITIZEN OF WHAT COUNTRY?
done during mast of warking life, even if retired)		Russ		WHAT COUNTRY?
				USA
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NA	ME	
1-11-5		Rasila		
Leuis	6. SOCIAL	17. INFORMANT		ADDRESS
15. Was Daceased Ever in U. S. Armed Farcas? (Yes, na ar unknown) (If yes, giva war ar dotes of sarvica)	SECURITY NO.	TATANAMI I		- Car to Land
No		MAX COOPE	R 6971	BLANCHE ROAD
1B. 3-7/X	CAUSE OF		W-1/1	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	/	0	1	ONSET AND DEATH
LEADING TO DEATH		entoni		Toleun
(This does not mean the mode of dying, e.g.,	(A) DUE TO			P
heart failure, asthenia, etc. It means the disease,		. 1	. /	thelenon
injury or complication which caused deoth.)		Kuptimed	1) Usen	o Director
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, giving		V		
rise to the obave couse (A) stoting the	(C)	**************************************		
UNDERLYING CONDITION Iasi.				
7				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ASCU	JHD -	CHE	
			0111	
198. CONDITION FOR WH	HICH OPERATION	20 A. AUJOPSY? (Yes ar N	O) 208. IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
		7 40		
U 21 A. ACCIDENT WAS UNDERLYING 218. PL	LACE OF INJURY (a.g., in	ar about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If in Boltimora	City, give exact lacation)
C DEATH (natify medical examiner) otc.)	roint, locidity, sileer, oill	Jogs, III. JKI JCOK:		
U	NJURY OCCURRED	21F. HOW DID IN	IIIBY OCCILBS	
OF IN ILLRY			JOKT OCCOR!	
(APPROX.) Wark	At Wark		* According to the second	
22. I certify that (I) (this haspital) attended the	deceased from	29 1	1965 to O	CT 30 1965.
	A	/		
that (1) (we) last saw the deceased sive on	OCT 50	19 <u>Q</u> and t	hat in(my) (aut) apln	nian deoth accurred an the date
and haur and from the causes stated above. (1) ((We) (did) (did nat) vi	iew the bady after death.		
23A. SIGNATURE				23 8. DATE SIGNED
Con Cal	M.D. Atter	nding Mad. Diractor	Staff Phy s.	10/30/15
are privately many			rny s. Lea	1 20/63
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	de	
TERREN M. HIM	IELBARM.D.	June	- Horn	
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	AE of CEMETERY OF CRE	MATORY 24D.	LOCATION (City	y, tawn, ar caunty) State)
REMOVAL (Specify)	10 14.			MD
BURIAC 10/31/65 CH	IZUK A	WANG 15	SPILLO	
	REGISTRAR	Sylvan S. Le	1 Som 1	me 033 ppess
NOV 1 1965 R.O. A 2 To A	The state of the s	Sternan 31 to	in so we will	Exmou ar
VS 1S0-REV. 1/1/6S	2 10 10 10	4	,	



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THE OLGAN S. Jackson And J. S. S. J. D. C. S. VIII

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased fived, if institution; residence before admission B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR FOWN (II outside city limits, write RURAL and give township) INSTITUTION 5. SEX 6. RACE MARRIED, NEVER MARRIED 9. AGE (In years II Under 1 Yı. Monthsi Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours lost binhdoy Male Colored 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? N. Carolina 15/ 13. FATHER'S NAME 4. MOTHERS MAIDEN NAME Mc Neal 15. Was Deceased For in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL SECURITY NO. inknown INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21 & PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Wark At Work 22. I certify that (I) (this hospital) attended the deceased from 19 65 that (I) (we) lost sow the deceased alive on. and that In (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify)

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BALTIMORE CITY HEALTH DEPARTMENT Registered No.65 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) October 28, 1965 Freddie W. Jordan 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND (If not in hospital or institution, give street Maryland HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Provident Hospital D. STREET ADDRESS (If rurol, give location) 1514 Division Street Baltimore, Maryland 21217 2305 Ruskin Avenue mad 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE 9. AGE (In years B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months Doys Male Nov. 29, 1919 Negro married TOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) U.S.A. Virginia Laborer Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown unknown 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL Phone: St Di. 2-6231 (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. John W. Jordan - brother 2737 E. Preston CAUSE OF DEATH INTERVAL BETWEEN 9 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION Iosi, emains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from..... October 28. 19 65 to October 28, October 28. 19 65 that (I) (we) lost sow the deceased alive an.... ._ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Stoff October 28, 1965 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Roger Theodore M.D. 1514 Division St. - Baltimore 17, Maryland 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) REMOVAL (Specify) ·AUSTENVIlle 25A. DATE REC'D BY HEALTH 25C. FUNERAL DIRECTOR ADDRESS

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

Registered	No.	65	11	099
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BIRTH NO.	190 1	Thou	CERTIFICA	TE OF DEATH	Registered Na	· <u> </u>		
M.E. CASE NO.	CEASED			2, DATE	AND HOUR OF DEAT	H , a/(D		
Type or Print)	PLACE OF DEATH IN BALTIMORE, MARYLAND				2. Date and Hour Of Death Coch. 26 1965 1145 Am			
PLACE OF DI					here deceased lived. If	institution: residence before admissio		
					UNTY	9-22		
	FULL NAME OF (If not in hospital or institution, give street address or location)			Maryland	autside city limits write	e RURAL ond give township)		
INSTITUTION	510 Obser	1	Baltimore	outside eny mina, with	a water and give township			
	519 Chestr			D. STREET ADDRESS (If rural, give location)				
	Baltimore,	Ma. Z	1218	519 Chestnu	t Hill Avenu	ie .		
SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (fn years fost birthday)	ff Under 1 Yr. If Under 24 Hr Months Doys Hours Min.		
Male	widowed, Divorced (specify) Married		Feb. 8, 1884	(fost birthdoy)	Months Doys Hours Min.			
	CUPATION (Give kind of work			11. BIRTHPLACE (State or fo	0.64	12. CITIZEN OF		
	f working life, even if retired)			n 11:		WHAT COUNTRY?		
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4A. BURIAL CI	(Specify) 248. DATE	24C. N.	AME of CEMETERY OF CR	EMATORY 24D	LOCATION	(City, town, or county) (State)		
Buria		65 Lou	don Park Ceme	tery B	altimore, Ma	1.		
SA DATE DEC	D RY HEALTH DEPT		DE REGISTRAR	25C FUNERAL DIRECT		ADDRESS		

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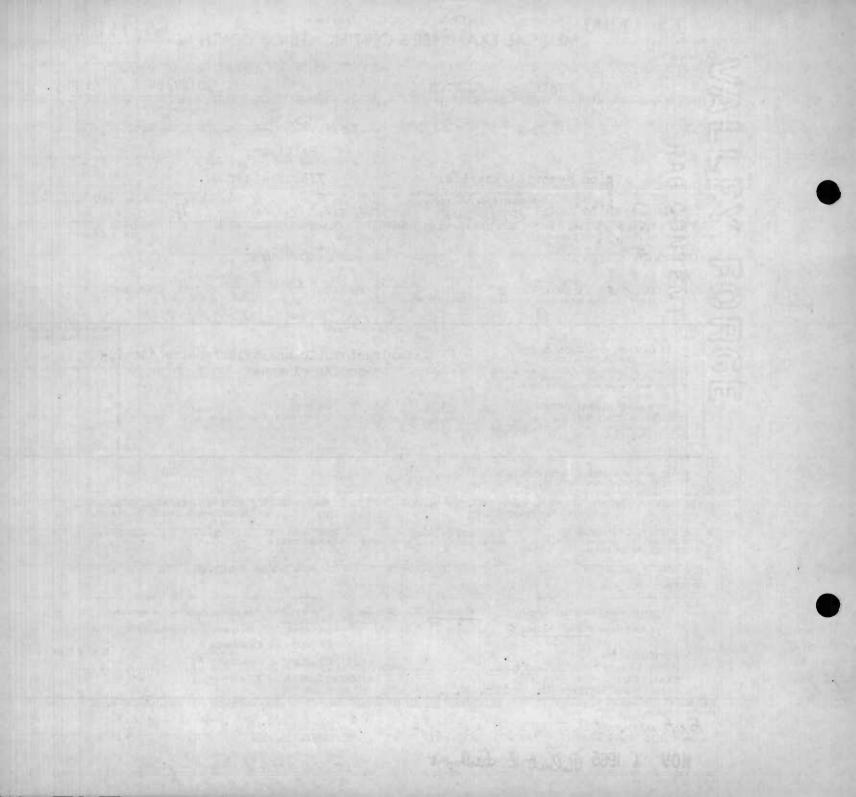
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Eugenia K. Seitz 5209 Seitz funeral Home Bal York Rd. MOV I THE RELEASE STANFOR

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	EXAMIN		Snitz	M. D.	ASSOCIATE	MEDICAL EX	AMINER	10/2	28/65	
	BURIAL CRE	MATION, 238. DATE		NAME of CEMETERY O	CREMATORY	23D. LO	CATION (City,	town, or	county) ((Stote)
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BIRTH NO.

VS 150-REV. 1/1/65

IMPORTANT

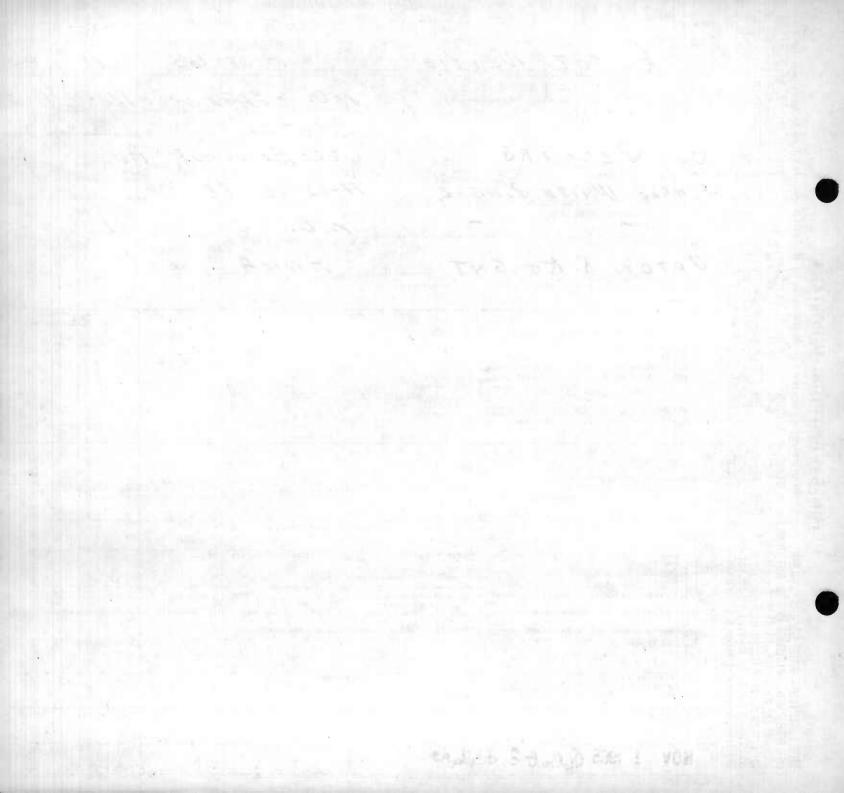
DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

If Under 24 Hrs.



VS 150-REV. 1/1/65



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of a shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decewas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Written approval must be obtained before the remains are embalmed or final disposition is made.
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ORTANI assistant if the dia ny kind; () ny kind; () death lance on		s, no or unknown)	(If yes, give wor or date	ces? s of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	Т		ADDRE	SS
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certificate body was r 7s. (1) An a D.O.A. at c ased prior		23C. PHYSICIAN	pel MANUE	EL D.	RAMOS MA	>				
12 2 0	24/	REMOVAL (Sp	AATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY	24D. LO	CATION (City, town, or county	(Stote)
	25/	Burial	BY HEALTH DEPT.		Larm Cemeter	2SC. FUNER	AL DIRECTOR	ltimore Co	Md.	ORESS 5
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	VS	150-REV. 1/1/6	5			7	6 6 4			

IMPORTANT FUNERAL DIRECTOR: BIRTH NO.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A, STATE

B. COUNTY (If outside city limits, write RURAL and give township) If Under 1 Yr. Months Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ROTTERWEICH ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that In(my) (aur) apinian death accurred on the date (City, town, or county)

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2. DATE AND HOUR OF DEATH 10-29-65 6:55 P
2. DATE AND HOUR OF DEATH
10-29-65 6:55 P
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RESS (If rural, give location)
W. BRIGHTON ST. 21216
H 9. AGE (In years If Under 1 Yr., If Under 24 Hrs
lost birthdoy) Month's Doy's Hours Min.
(State or foreign country) 12, CITIZEN OF
WHAT COUNTRY?
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MAIDEN NAME
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ADDRESS
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OR CONDITION CAUSING IT.

198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY2 (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED GANGRE IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) MEDICAL DEATH (notify medical examined) 21D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased

Octuber 29 1965 and that in (my) (per) apinion death accurred on the date 238. DATE SIGNED

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23C. PHYSICIAN'S NAME (Type)

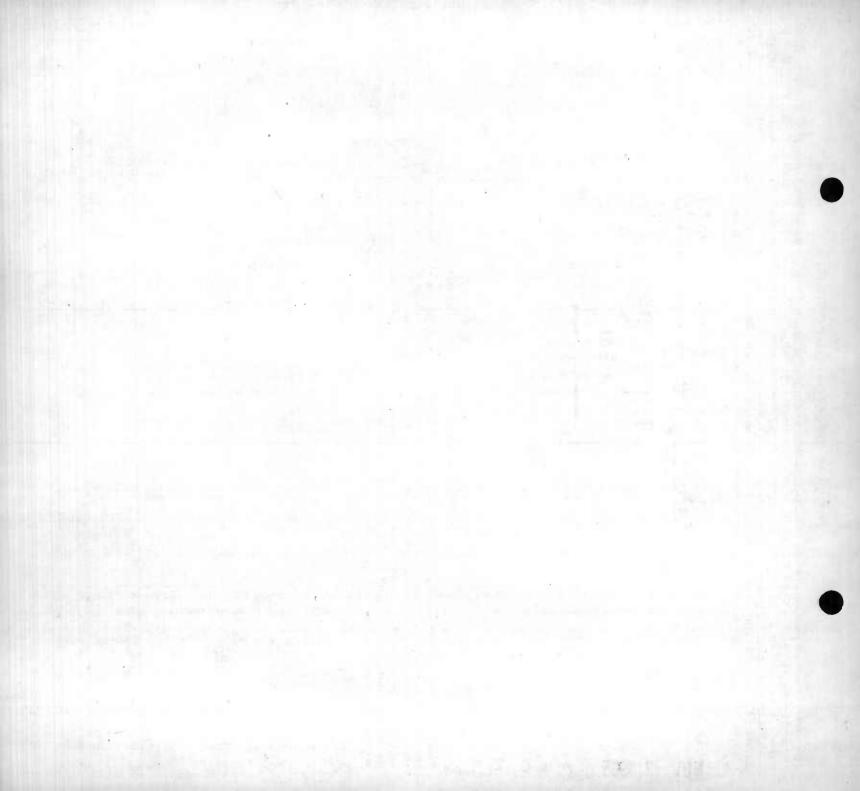
Attending Phys. Med. Director 23D. ADDRESS

THOMAS P CONNELLY 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATOR'

25C. FUNERAL DIRECTO

VS 150-REV. 1/1/65

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BIRTH NO.	65 11	IU/	CERTIFICA	TE OF DEATH	Registered No.	65 11107
M.E. CASE NO.	CEASED			2 DATE	AND HOUR OF DEATH	
(Type or Print)	Cora Glad	ddan				
3. PLACE OF DE	ATH IN BALTIMORE MA			October 29, 1965 4:15a M. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY		
	THE THE THE THE	KITAITO		A. STATE B. COL	INTY	nstitution: residence before ogmission)
FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION				Md.		4-0
				C. CITY OR TOWN (If outside city limits, write RURAL and give township)		
				Balto		
9				D. STREET ADDRESS (If rurol, give location)		
Provident Hospital				2124 Pennsylvania Avenue		
. SEX				B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs.
Female	Negro	widow	o. DIVORCED (specify)	May 18, 1894	77	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10B, KIND			BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	preign country)	12. CITIZEN OF
one during most of	working life, even if retired)					WHAT COUNTRY?
	none	e	Virginia		USA	
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAME		
	Unknown			TT1	· fan	
5. Was Decensed	Ever in U. S. Armed For	cos?	1 6. SOCIAL	Unknown 17. INFORMANT ADDRESS		
Yes, no or unknow	(If yes, give wor or date	s of service)	SECURITY NO.	IV. INFORMANT		
No				James V. Glad	dden-son	same Pa.8-0713
18. 4 - 9	HVI	CAUSE O			INTERVAL BETWEEN	
DISEA	SE OR CONDITION DIR	DECTI Y				ONSET AND DEATH
Distr	LEADING TO DEATH	CILI		h. neo		
(This does	not mean the mode of	dying, e.g.,	DUE TO	meser orico		
heort foilure,	asthenio, etc. Il meons	the disease,		1 0		4
	nplication which caused		11/10/10	As Extenter 2 11	H. Pledon V	The /oh use)
1135	ANTECEDENT CAUSES		DUE TO			1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
DISEASES OR CONDITIONS, if any, giving						
rise to the obove couse (A) stoling the (C)						
UNDERLTIN	G CONDITION lost.					
	11					
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19A. DATE OF	OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or I	No. 208. IF YES, WERE	FINDINGS CONSIDERED
OTHER SIGN TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE	WAS FERI	ORIVIED		no	IN CERNIFING CA	COSES OF DEATH!
21 A. ACCIDE	NT WAS UNDERLYING		PLACE OF INJURY (e.g., i	o obout 21C. WHERE DID	(If in Boltimo	e City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)				tice bidg., INJURY OCCUR?		
0						
W OF INTITION	(Month) (Doy) (Year)		INJURY OCCURRED	21 F. HOW DID IN	AJURY OCCUR?	
(APPROX.)		Whi	While At Work At Work			
22 1	AL A (1) (AL) = 1 = 1 = 1				10 6E O	-t-h 20 (F
			he deceased from AU.	gust 474	19 02 ta	ctober 29, 19 65
that (I) (we)	lost sow the decease	d alive on	October 2	9, 19 05 ond	that in(my) (aur) op	inion death accurred on the date
and haur on	d from the couses stat	ed above. (I) (We) (did) (did not) v	iew the bady ofter death		
23A. SIGNATU			//	23 B, DATE SIGNED		
			M.D. Atte	ending Med.	Stoff	0-1 20 3065
		con c/	Phy		Phy s.	Oct. 29, 1965
23C. PHYSICIA NAME (T	ypel o _ o o	n		23D. ADDRESS		
H-1/1	DKE 1/12,	4(1)	M.D.	1514 Division	St. Babtin	nore, Md. 21217
4A. BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY of CRE			ity, town, or county) (State)
REMOVAL	Specify)	, ,	1 11		//	(3.016)
Burral	11-1-6	2 mi	Huburn	tem. B.	altimove	m d
SA. DATE REC'D	BY HEALTH DEPT.	258. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTO	O R	ADDRESS
NOV 1	100E A A	0 7	A	Hen &	1 1/1 /3	48 N 12 11 5
(S. 150 - REV. 1/1/	TOO COC	re, via	Jacob	rearge 1	is perer 13,	Ull. Ulleyer Jt
'S 150-REV. 1/1/	0)					



IMPORTANT

DIRECTOR:

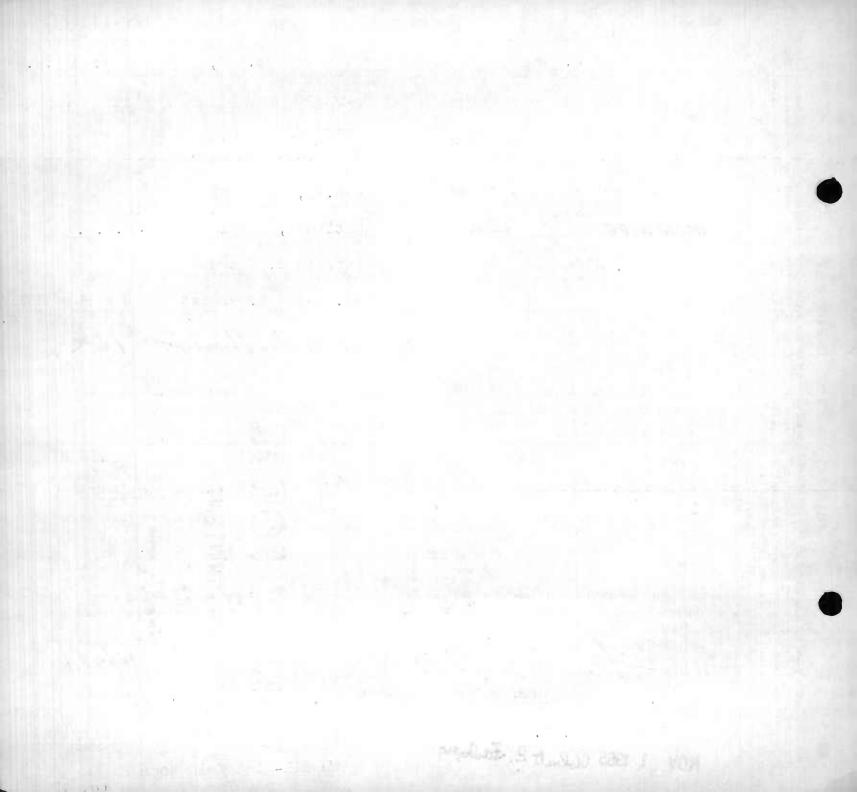
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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	st be	lent (Spit	deat	nust
	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	vas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	eceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	vritten approval must be obtained before the remains are embalmed or final disposition is made.
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	cert	Ws: (1	0.0	easec	Hen c
	his	ho	Vas	ec	Vrii

BIRTH NO.	C5 1111	GE.		ATE OF DE		Registered Na.	65 1110	9
M.E. CASE NO.	EASED LA LA	30				D HOUR OF DEATH	0	
T D	-	remer						A M M
	ATH IN BALTIMORE, MAI			4. USUAL RESIDE	B. CDUN	e deceased lived. If in	1 7:50	admission)
				A. STATE		2.1	7-111	
FULL NAME O	F (If not in hospital a address ar location	r institution }	, give street	Maryland	N (If out	tside city limits, write	RURAL and give township)
INSTITUTION				Baltimo				
0	4200 Some	erset	Place	D. STREET ADDRE		tural, give lacation)		
				4200 Sc	omers	et Place		
- SEX	6. RACE		D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years last birthday)	If Under 1 Yr. If Und Months Days Hours	der 24 Hrs.
female	white		dowed.	Jan. 15,		67	Widnin's Day's Hoors	7 11110
		10B. KIND	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (S	tate ar farei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
HOUSE W	warking life, even if retired)	He	ome	Baltimor	a M.	e nul end	U.S.A.	
3. FATHER'S NAM		110	Jiii C	14. MOTHER'S MA			U.D.A.	
	B. Johnson		17 / 20 21 4 ;		3 1.	Catrup		
Yes, no or unknown	Ever in U. S. Armed Ford	of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
No				Mrs. Ral	lph F	. Truitt	4410 Marble	e Ha]
18. 3.3	2 XI		CAUSE	OF DEATH		THEFT	INTERVAL BETT	WEEN]
DISEAS	E OR CONDITION DIR	ECTLY		1 110	1	A1 ,6	ONSE! AND L	ZAIN
	LEADING TO DEATH		(A) (D)	bral Vace	ular	Thembors	1 /we	
	asthenia, etc. It means		DUE 10					
	plication which caused							
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	OR CONDITIONS, if a		9					
	obove couse (A) G CONDITION lost.	sloting th	e (C)		,	*************		
ONDERCHING								
Z OTHER SIGNI	FICANT CONDITIONS C	ONTRIBLITI	NG O					
E TO THE D	EATH BUT NOT RELA	TED TD 1	(./	merca			2 days	,
U 19A. DATE OF	OPERATION 198. CON	DITION FOR			IYes or No	208. IF YES, WERE	FINDINGS CONSIDERED	
O	WAS PERF	ORMED		1/6		IN CERTIFYING CA	USES OF DEATH?	
U 21A. ACCIDEN	NT WAS UNDERLYING	2	B. PLACE OF INJURY (e.g.	in ar about 21 C. WHE	ERE DID	IIf in Baltimar	e City, give exact lacation	1)
DEATH (natify	medical examiner		ome, form, factory, street,	affice bldg., INJURY	DC CU R?			
0 21 D. TIME	IManth) Day) Year)	I Hous) 21	E, INJURY OCCURRED	215 HOV	W DID INI	URY OCCUR?		
S OF INJURY	Treating Tody, Treating		/hile At Not W		V DID IN	OKT OCCOR:		
(APPRDX)			York At Wo					
22. I certify	that (i) (this haspital)	attended	the deceased from			19 49 to OC	1 29 1	1965
	last saw the decease		10. 1 00	A		. /	inian death accurred a	
			(i) (We) (did) (did nat)					
23A, SIGNATU		ed ubave.	(i) (we) (did) (did not)	View the bady att	er death.		23B, DATE SIGNED	/
234. 31011410		01	cello Sup A	ttending Me	d. 🗀	Staff	14/20/1	1
<	Tranci	15 11		hys. Dire	ector	Phys.	10/29/6	3
23C. PHYSICIA		,	V	23D. ADDRESS				
	Francis Gl	uck	M.U	100 W.	Unive	rsity Par	kway	
AA. BURIAL CRE	MATION, 248. DATE		NAME of CEMETERY OF C				ity, tawn, ar county)	(State)
Buria	I Nov. 1	.1965	Lorraine		Ba	ltimore	Maryl	and
				25C. FUNERAL			ADDRESS	DIIG
NOV	1 1965 (Cle)	2.3.9	S. CESIMA					
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/S 150-REV. 1/1/4	65		Pag.		. 65	OOYork Ro	ad Borto 1	12



Topus Constitutions, otherson Sistems (Transmission

a hospital and

			QERTITO,	ATE OF DEATH		
Type or Print)					D HOUR OF DEAT	
	Evans, Mat N			Octo	ber 30, 196	55 3:50
3. PLACE OF L	PEATH IN BALTIMORE, MA	KILAND		A. STATE B. COUN	re deceosed lived. If	institution: residence before admis
FULL NAME		or institution, g	ive street	Maryland		1
HOSPITAL O	R oddress or locotion	n)		C. CITY OR TOWN (If out	side city limits, write	RURAL and give township)
Veterans	a Administration	on Hospi	tal	Baltimore		
3900 Le	ch Raven Blvd.			D. STREET ADDRESS (If	rurol, give location)	
Baltimo	re, Maryland 2	1218		564 Orcha	rd St.	
S. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours M
Male	Negro	Mar	ried	3/20/96	69	
OA, USUAL OC	CUPATION (Give kind of world	10B, KIND OF	BUSINESS OR INDUSTR	Y 11, BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
	of working life, even if retired) Iner	The	known	North Carolina	9	WHAT COUNTRY?
3. FATHER'S N		OIL	ELIOWII	14. MOTHER'S MAIDEN NAM		0.0.2.
Henr	ry, Evans			Catherine Lev	vener	
S. Wos Deceas Yes, no or unkno	ed Ever in U. S. Armed For wn) (If yes, give wor or dote	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	7/30/18-12/		215 05 3863	Veterans Hosp	ital, Balto	., Md. 21218
7B. / 6	D Y +100	21.1		OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY				ONSET AND DEATH
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	not mean the mode of		DUE TO			
	e, asthenio, etc. It meons omplication which coused					
	ANTECEDENT CAUSES		(B)	***************************************		
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rise lo	OR CONDITIONS, if	any, giving				
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OTHER SIG TO THE DISEASE OF CONTRIDENT (APPROX.) 21A. ACCID OR CONTRIDENT (APPROX.) 22. I certithet (X) (wand hour of 23A. SIGNA)	OR CONDITIONS, if the obove cause (A) NG CONDITION Iosi. II INIFICANT CONDITIONS CONDEATH BUT NOT RELA OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING DENT WAS PER DENT WAS UNDERLYING	any, giving sloting the stoling the stoling the stoling the stolength of t	Pulmonary PLACE OF INJURY (e.g., lorm, foctory, street, INJURY OCCURRED e A1	Tuberculosis Act: 20A. AUTOPSY? (Yes or No No in or obout 21C. WHERE DID office bidgs, INJURY OCCUR?	208. IF YES, WERIN CERTIFYING COURT OCCUR? URY OCCUR? 19.65 to Octot in (Xy) (our) of the occur of the occur of the occur occur occur)	10 Months E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exoct locotion) TO ber 30, 19 6 pinion death occurred on the 238. DATE SIGNED 10/30/65
OTHER SIG TO THE DISEASE O 19A. DATE O 21A. ACCIE OR CONTRI DEATH (not DEATH (not 21D. TIME OF INJURY (APPROX.) 22. I certit that (N) (w and hour of 23A. SIGNA	OR CONDITIONS, if the obove cause (A) NG CONDITION Iosi. II INIFICANT CONDITIONS CONDEATH BUT NOT REAL REAL REAL REAL REAL REAL REAL REAL	any, giving sloting the stoling the stoling the stoling the stolength of t	Pulmonary Phich Operation PLACE OF INJURY (e.g., lorm, foctory, street, linjury Occurred At Work e deceased from Ctober 30, live (did) (bid/nov) M.D. At M	Tuberculosis Act	IVE 20B. IF YES, WER IN CERTIFYING COURTS 19 65 to Oct of in (Xy) (our) of the court of the	10 Months E FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct locotion) TODER 30, 19 6, pinion death occurred on the 10/30/65 10/30/65 Md. 21218 City, town, or county) (Sta
OTHER SIG TO THE DISEASE O 19A. DATE O 21A. ACCID OR CONTRI DEATH (not DEATH (not 21D. TIME OF INJURY (APPROX.) 22. I certit that (N) (w and hour of 23A. SIGNA	OR CONDITIONS, if the obove cause (A) NG CONDITION Iosi. II INIFICANT CONDITIONS CONDEATH BUT NOT REAL REAL REAL REAL REAL REAL REAL REAL	CONTRIBUTING ATED TO THE IT. CONTRI	Pulmonary Phich Operation Place of Injury (e.g., lorm, foctory, street, lorm, foctory, street, lord) Injury occurred e At Not When the At Work at	Tuberculosis Act: 20A. AUTOPSY? (Yes or No No in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJ	208. IF YES, WER IN CERTIFYING COUR? (If in Boltimury OCCUR? 19.65. to Oct of in (Xy) (our) of in (Xy) (ou	10 Months E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exoct locotion) TO ber 30, 19 6, pinion death occurred on the 10/30/65

VS 150-REV. 1/1/65

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BIRTH NO.

VS 150-REV. 1/1/65

IMPORTANT

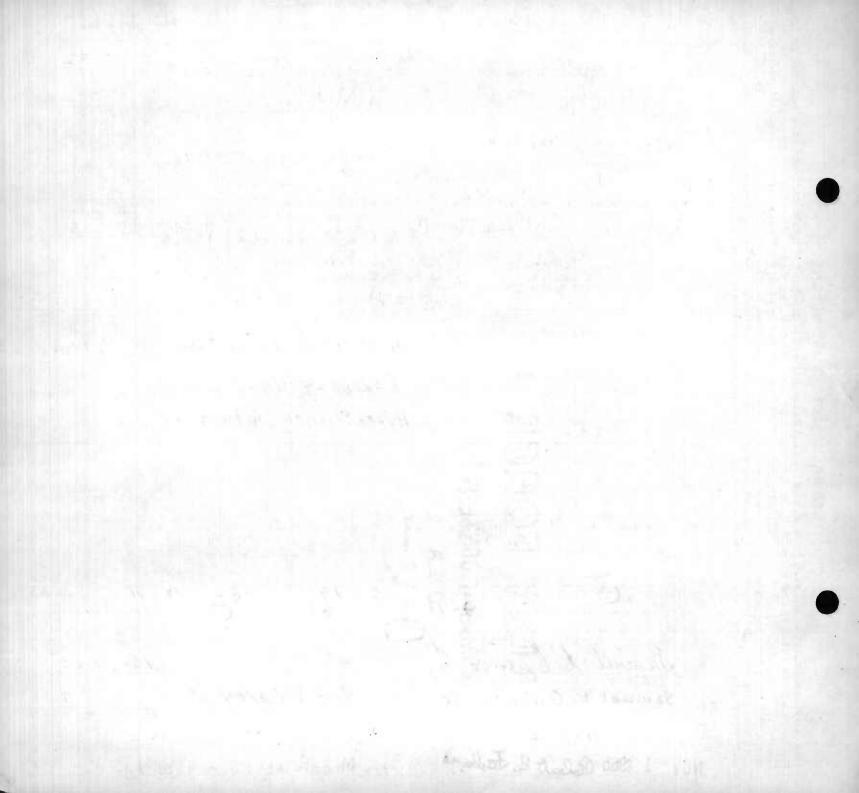
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

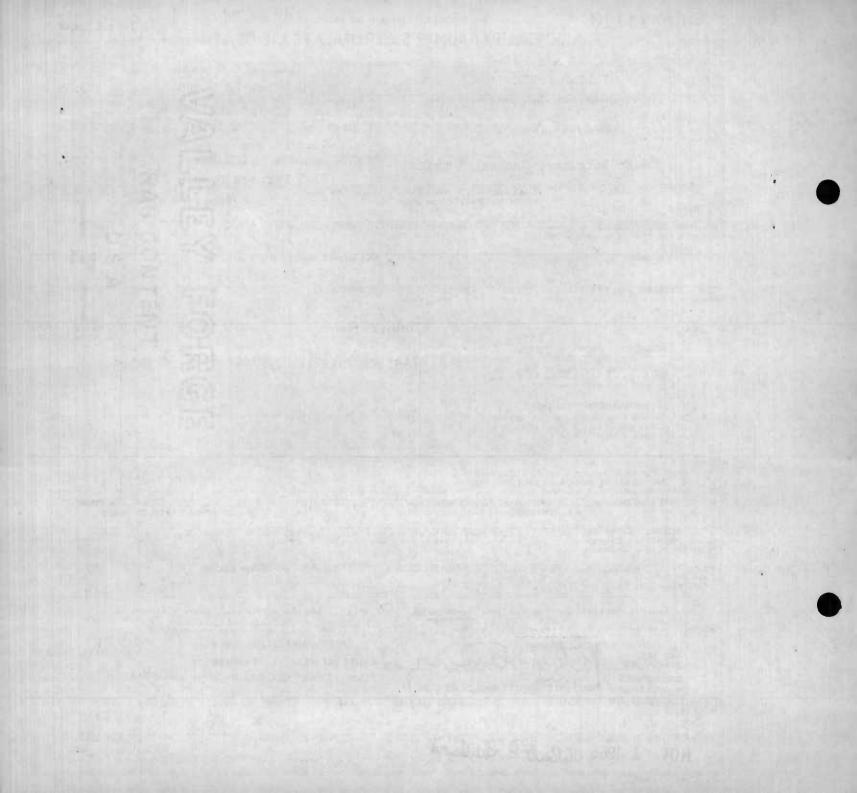
If Under 24 Hrs.

WHAT COUNTRY?

ADDRESS



1	65 11113 BALTIMORE CITY HEA	ALTH DEPARTMENT \$5 11113
W-300	BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered Na.
00 0 0	M.E. CASE NO.	
	1. NAME OF DECEASED (Type or Print) WILLIAM WHITE	2. DATE AND HOUR PRONOUNCED DEAD
	WIDDIAL WILLE	October 28, 1965 10:35 A _M .
	3. PLACE IN BALTIMORE, MARYLAND WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland Anne Arundel C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	INSTITUTION	Glen Burnie
	South Baltimore General Hospital	D. STREET ADDRESS (If rurol, give location)
		7345 Furnace Branch Road
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Iost birthdoy Months, Doys, Hours, Min.
	male negro	61
	tOA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	LACTET	ma 4:5#
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	RICHARD WHITE	HONIE KILEY
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SO CIAL SECURITY NO.	17. INFORMANT ADDRESS
		& velyn Whele - 1345 farmer S. Kol
	18. 4 22 / 1 CAUS	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	(This does not mean the mode of dying, e.g.,	iosclerotic cardiovascular disease
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	ANTECENDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	UNDERLYING CONDITION LAST.	
	(C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	DISEASE OF CONDITION CALISING IT	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		IVO
	O UNDERLYING OR CONTRIB- home, form, foctory, street,	, in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
	UTING CAUSE OF DEATH.	
	OF INJURY	
	m. WORK AT \	WORK
	1 certify that I held an Inquiry Inspection XX Au	utapsy and that an this basis, death in my apinian
	resulted fram: Natural causes X Accident Vicio	
	1011	CHIEF MEDICAL EXAMINER
	SIGNATURE MINISTER M.	D. ASSISTANT MEDICAL EXAMINER
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER October 29, 1965
	NAME (Type) Rudiger Breitenecker, M.D.	
Distance of the Asset	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (State)
	Dunas 11/1/65 mt grow	- white distance is
distribute s	NOV 1 1965 Republic Land of Registrar	24C. FUNERAL DIRECTOR ADDRESS
	NOV 1 1905 Olober 5. Jane	marshare PStrys 5381 grbown
	VS 151-REV, 1/1/65	9



bt be t		TH NO.	, 11115		TE OF DEATH	Registered No.	65 11115
death death eased on the Such		AME OF DECEASED	- 400	111 1	2, DATE	AND HOUR OF DEATH	
oital and of death Deceased e on the	3. 1	PLACE OF DEATH IN BALTI	EARD, JOI	I NE	TA LISUAL DESIDENCE (W		12.15 P. M.
osi no lec		FULL NAME OF (If not	in hospital or instit		A. STATE B. CO	Hair	ard
		OSPITAL OR oddres	s or location)			outside city limits, write	RURAL ond give township)
r attend prior to e.	1	7)			JESSUP D. STREET ADDRESS	(If rurol, give location)	63-00
1	10	ST AGNES HO	CDITAL		226 MISSI		
made	5. 5		7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr., If Under 24 Hrs.
		MALE WHIT		MARR I ED	12-6-13	lost birthdoys	Months Doys Hours Min.
2	10A	USUAL OCCUPATION (Give	kind of work 108, Kt	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF
HION		during most of working life, even	T GAI	LVANIZING	MARYLAND		U.S.
sodsin	13.	FATHERS NAME	1		14. MOTHERS MAIDEN N		
		JOHN /Dea	rd		MAUDE VOG		
	15. Y	Wos Deceased Ever in U. S., no or unknown) (II yes, give	Armed Forces? wor or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	CATON AV	ES. 27229
		YES WORLD	WAR 2		ST AGNES H	OSPITAL REC	ORDS, WILKINS AND
		DISEASE OF CONE	STON DIRECTLY	CAUSE O	F DEATH		INTERVAL BETWEEN
3		LEADING TO		(A)	S'UB ARACHINO	DAND INT	RA - 2 DAYS. HASE.
alme		(This does not meon the heart failure, asthenia, etc.		e.g., DUE TO	(ENTRICHIAR	ILEMAPID	400.5
mba		injury or camplication whi	ch caused deoth.		MEHOVEN	CANGENIZA	1/17 6
0		ANTECEDEN		DUE TO	TICOLOGIA	CONSERTIT	1 600
are		DISEASES OR CONDITI		giving >	NO PECTED.		
us		UNDERLYING CONDITIO	N lost.			88 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 9	
	ATION	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED T				
The	CERTIFICA	19A. DATE OF OPERATION		FOR WHICH OPERATION	20A. AUTOPSY? IYes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
		21 A. ACCIDENT WAS UNE	ERLYING SE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	III in Boltimore	e City, give exoct locotion)
90	U	DEATH Inotify medical exam		etc.)			
	MEDI	OF INJURY	oy) (Year) IHous	While At Not While	21F. HOW DID I	NJURY OCCUR?	
	ŀ.	(APPROX)		Work At Work			
obtain					10-26	19 65 to	10 - 28 19 65,
		that (I) (we) last sow th					nion death accurred on the date
UST			ouses stoted obc	ove. (1) (We) (did) (did not) v	iew the body ofter death	1.	
		23A. SIGNATURE	. 4 4 4 7 =	Pares A M.D. Atte	ending Med.	Stoll Stoll	23B. DATE SIGNED
			man	Phy	s. Director	Phys.	10-28-65
5		23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	N-S II. Chi-A	Parcular Con Las
oldda		THAMNO			St. 46)
	24A	REMOVAL (Specify)	. DATE	24C. NAME OF CEMETERY OF CRE		/	ty, town, or county) (Stote)
10		Burish 11	1-1-65	Kase / Sell	Cem. L	ageratar	m Ma.
written	25 A	DATE REC'D BY HEALTH		AME OF REGISTRAR	25C. FUNERAL DIRECT	OR CON SAIL	ADDRESS.
1	VS	NOV 1 1965	Charles E.	Farlyns	1 1/2 min 1/2	CHIMITITAL N	MINING TITO

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Kalabara Ta-Rusha, Jan T.

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B-630

M.E. CASE NO.			AMINER 5 CI				
Type or Print)	ASED	LERO			2. DATE AND	HOUR PRONOUNC	
DI ACE IN PAITIA	HERMA		BARRETT	III HEHAL BEELD	FN CE (M/L)	10/27/0	
. PLACE IN BALIIF	MORE MARYLAND, W	HEKE PRONOU	ACED DEAD	I.A. STATE	ENCE (Where de	21205 B. cou	itution: residence before admission JNTY
ULL NAME OF	(IF NOT IN HOSPITA		TION, GIVE STREET		ry land	corporate limits, write	RURAL and give township)
NSTITUTION	ADDRESS ON LOCA	11014)					1 24
71				D. STREET ADDI	Ltimore RESS (If rurol, or	ve location)	60
31	City Hospita	ls		020			
5. SEX 6	RACE		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In yeors	If Under 1 Yr. If Under 24 Hrs
male	white		orced (specify)	8/19/15		lost birthdoy) 50	Months, Days, Hours, Min.
		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	co untry)	12. CITIZEN OF WHAT COUNTRY?
Painter	rking life, even if retired)	E.Str	ess Contr.	North	Caroli	na	WITH COURTER
3. FATHER'S NAME		4.	FUETO I	14. MOTHER'S M.			
J	esse Barre	tt		Ma'	ttle Cu	nningham	
6. WAS DECEASED	EVER IN U.S. ARMED	FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT		Design to	ADDRESS
yes	W.W.2		5-16-6329	Wm. J.	Barret	t, Broth	er, above
18. 2 00	100			OF DEATH			INTERVAL BETWEEN
DISEASE	O CONDITION DU	NECTI V					ONSET AND DEATH
DISEASE	OR CONDITION DIE	(ECILT	Massiv	e pulmona	rv embol:	ism complic	cating
(This does no	t meon the mode of osthenio, etc. It meons	dying, e.g.,	MARKET WARRY	aniocereb			· · · · · · · · · · · · · · · · · · ·
	olication which coused		CI	antoccico	rar III) u.		
AN	ITECENDENT CAUSE	S					
	R CONDITIONS, IF A		DUE TO				
	ABOVE CAUSE (A) ST CONDITION LAST.	ATING THE					
2			(C)			***************************************	
OTHER SIGNI	II FICANT CONDITIONS	CONTRIBUTION	c				
- IO IIIL D	EATH BUT NOT REL	ATED TO TH					
DISEASE OR	CONDITION CAUSING		HICH OPERATION	120A AUTORSV	2 (Ves. or No.) 120	R IE VEC WEDE EI	NDINGS CONSIDERED
	WAS PERI		HICH OFERATION	ye:	II.	CHUENNG CAU	SES OF DEATH?
21A. EXTERNAL	CAUSE WAS	21 B. P	LACE OF INJURY (e.g.,	in or obout 21C. W	VHERE DID (IF	in Boltimore City, gi	ve exoct location)
UNDERLYING TO CAUSI	OR CONTRIB- E OF DEATH.	home, etc.)	form, foctory, street, o	ffice bldg., INJURY	Rodman		21 24
2	(Month) (Doy) (Year	(Hour) 21	home		TOOMET I		26-97
OF INJURY							ctone
	10 20 65	m. W	ORK AT W	OKK S SPP	arentry.	fell down	stehs
22. I certif	fy that I held an li	nquiry 🗌	Inspection Aut	opsy 🛣 and	d that an this	basis, death in n	ny apinlan
resulte	ed fram: Natural cau	ses A	cident 🔀 Suicide	Hamlci	de Un	determined manne	er
	1		1 /-	CHIEF M	EDICAL EXA	MINER	
SIGNATU	DE MARCH	11 9	200	ASSISTANT MI	EDICAL EXA	MINER X	DATE SIGNED
EXAMINE NAME (T	R's Werner U	. Spitz,		ASSOCIATE M			10/28/65
3A. BURIAL CREM		230	NAME of CEMETERY o	CREMATORY	₫ 23D. LO	CATION (City,	, town, or county) (State)
Burial	11/31	/65 M	ountain Vi	ew	Bla	acksburg,	S. C.
24A. DATE REC'D B			Cemetery FREGISTRAR	24C. FILMED	AL DIRECTOR	- 3,	ADDRESS
	1965 10	4 E. Fo		Schim	unek F	uneral Ho	
NOV 1	1300 Mole	U C, 40	, and			nms Lane	

VS 151-REV. 1/1/65 N 856, 2

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No..

DIKIH NO.	ICAL LAAMIIIALKS C	ENTITICATE OF BEATTINGS TO SEE			
M.E. CASE NO.					
(Type or Print) ROBERT R. KN	IGHT	October 28, 1965 9:15 P.			
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission A. STATE B. COUNTY			
FULL NAME OF (IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Maryland			
HOSPITAL OR ADDRESS OR LOCA	ATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
		Baltimore D. STREET ADDRESS (If rurol, give locotion)			
Union Memorial Hosp	pital				
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	5917 Radecke Ave. Apt.E 8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr, If Under 24 Hr			
male white	widowed, divorced(specify) married	6/26/1920 lost birthdoys Months Doys Hours Min.			
		RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF			
Foreman	Beth. Steel	Baltimore, Md. WHAT COUNTRY?			
13. FATHER'S NAME	Park territoria	14. MOTHER'S MAIDEN NAME			
William D		Katherine Neetcke			
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give wor or dote		17. INFORMANT ADDRESS			
yes W.W.2	215-09-0691	Milred Johns Knight, wife, above			
18. E 4 1 X I	CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DI	RECTLY				
LEADING TO DEATH	dying, e.g., DIF TO	hot wound of head			
heart failure, astheria, etc. It means injury or complication which coused	the disease,				
ANTECENDENT CAUSE	:\$				
DISEASES OR CONDITIONS, IF A	NY, GIVING (B)				
UNDERLYING CONDITION LAST.	IA IING THE				
No.	(C)				
OTHER SIGNIFICANT CONDITIONS					
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 198. CON					
19A. DATE OF OPERATION 198, CON		20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
ZIA. EXTERNAL CAUSE WAS		Yes Yes			
UNDERLYING DR CONTRIB-	home, form, foctory, street,	in or obout 21C, WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?			
2	nome	5917 Radecke Ave. Apt.E			
OF INJURY					
	OO P m. WHILE AT NOT	work Shot self in head			
22. I certify that I held an I	nquiry Inspection A	otopsy X and that on this basis, death in my apinian			
resulted fram: Natural ca	uses Accident Suici	de X Hamicide Undetermined manner			
D1/C	1.17	CHIEF MEDICAL EXAMINER DATE SIGNED			
ACTUAL SIGNATURE	your ZH.	ASSISTANT MEDICAL EXAMINER A			
EXAMINER'S	Omaitanaalkan M.D.	ASSOCIATE MEDICAL EXAMINER October 29, 1965			
NAME (Type) Rudiger I	23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)			
REMOVAL (Specify) Burial 10/30					
24A. DATE REC'D BY HEALTH DEPT.	24B. NAME OF REGISTRAR				
	eb E, Farbund	Schimunek Funeral Home, 1nd. 3331 Brehms Lane			
VS 151-REV. 1/1/65	4				

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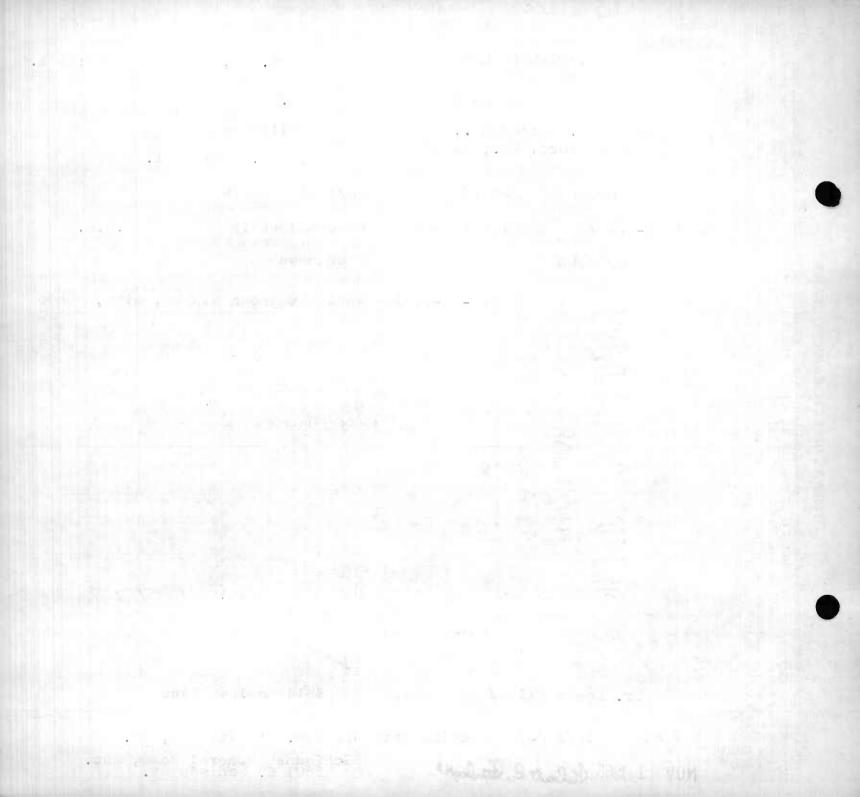
M.E. CASE NO.	00 222		CERTIFICA	TE OF DE	Registered No.	00 11161
I.NAME OF DE	CEASED Margar	et			2. DATE AND HOUR OF DEATH	
· / P · · · · · · · · · · ·	Ella (Stein) Wered	lyck		October 27, 1965 DENCE (Where deceased lived. If in	10:20
PLACE OF DE	EATH IN BALTIMORE, MA			4. USUAL RESID	B. COUNTY	stitution: residence before admis
FULL NAME OF HOSPITAL OR INSTITUTION		or institution, n)	give street	c. city of for	nd VN (If autside city limits, write I	RURAL ond give township)
NORTH C	HARLES GENERA	L HOSPIT	TAL	D. STREET ADDI	RESS (If rural, give location)	33-00
					very Rd.	
	AWhi'ten	Widowe		November	lost birthdoy)	Months Doys Hours M
	CUPATION (Give kind of world working lile, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housew	Housewife at home				e, Maryland	WHAT COUNTRY
	Jaworski			Molly Ka	wacki	
5. Was Decease les, no or unknow	d Ever in U. S. Armed Forn) (If yes, give war or date	ces? es af service)	16. SOCIAL SECURITY NO.	Hospital	Record	ADDRESS
1B. 19	9.21		CAUSE O	F DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DE	RECTLY	0	Mbwe	shoud a	2 weeks
	not mean the mode of		DUE TO	bral Thron	IDUSTS	Z WOOND
heort laiture	, osthenio, etc. It meons mplication which caused	the disease,				
	ANTECEDENT CAUSES			ralized Ca	arcinomatosis	6 years
DISEASES	OR CONDITIONS, if	onv giving	DUE TO			
rise to th	he obove couse (A)		(C)		447 four v food on food on the contract of the	
UNDERLYIN	IG CONDITION last.					
I TO THE C	II NIFICANT CONDITIONS C DEATH BUT NOT RELA	ATED TO TH				
	F OPERATION CAUSING 198. CONWAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY	? (Yes o No 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING DEPT CONTROL CAUSE OF y medical examiner	21B hom etc.	PLACE OF INJURY (e.g., in te, form, foctory, street, of	or obout 21C. WH	HERE DID (If in Boltimore OCCUR?	City, give exoct locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED ile At Not While the At Work		W DID INJURY OCCUR?	
22. I certify	v that (1) (this hasnita		he deceased from Oc		19 65 to Octo	ber 27. 1965
that (M) (we) lost sow the decease	d olive on	0:20 PM, Oct.	27, 1965	ond that in(my) (our) oplo	
		red above.	(We) (Md) (dld nat) v	iew the bady of	ter death.	
	URE		M.D. Atte	nding M	ed. Stoff Phys. Z	23 B. DATE SIGNED
23A. SIGNAT	Mamio A	cran	/ Phv		rector Phys. L	UCT. 21, 1905
	ANS Type)	le		23D. ADDRESS		Oct. 27, 1965
23A. SIGNAT	Ray Rang	Le		St.	Paul and 30th Str	reet
23A. SIGNAT	Ray Rang. EMATION, 24B. DATE (Specify)	24C.N/	M.D.	St. MATORY tery	Paul and 30th Str	reet ly, town, or county) (Sta

VS 150-REV. 1/1/65

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Anjuliate is similar and a young

VS 150-REV. 1/1/65



IMPORTANT

DIRECTOR:

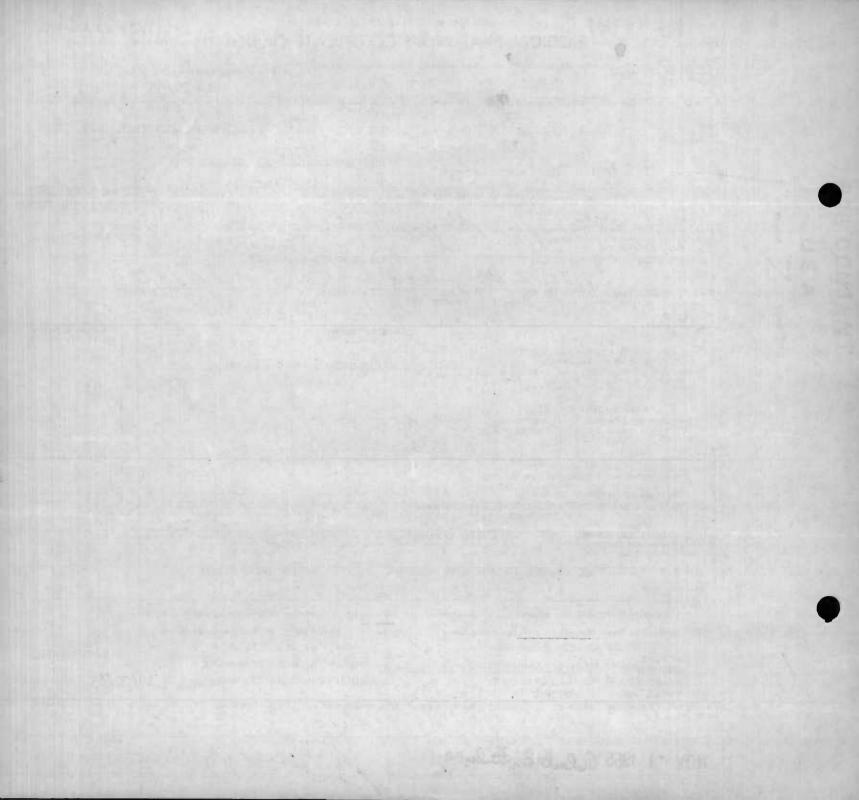
FUNERAL

VS 150-REV, 1/1/65

CATALON CO. YEAR Symmet laders harly Kim C. Typer Shawa,

PALACON TO A STATE OF THE STATE

BIRTH NO. MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) HAZEL = FEDOCK	2. DATE AND HOUR PRONOUNCED DEAD 10/29/65 6:01 p. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmis sion) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION!	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore D. STREET ADDRESS (If rurol, give locotion)
South Baltimore General	1229 Battery Ave.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs. 1 - 12 - 18
I TEM A LE White Wind of work 10B KIND OF BUSINESS OR INDUSTRY does during most of working life, even if retired	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	JOHR HHEG ACLION 17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	FAMILY - JAME
18. = 44. 16 X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	eumatic heart disease
(This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which coused death.)	Comacto neare arsease
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
V 21 A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH. 21 B. PLACE OF INJURY (e.g., in the control of t	in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
21 D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT	21F. HOW DID INJURY OCCUR?
22.	apsy and that an this basis, death in my apinlon
resulted fram: Natural causes X Accident Suicide	
ACTUAL JURIS V	CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER*
SIGNATURE M.D. EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 10/30/65
23A, BURIAL CREMATION, 238 DATE 23C. NAME OF CEMETERY O	CREMATORY 23D. LOCATION (City, town, or county) (State)
24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. EUNERAL DIRECTOR ADDRESS
NOV 1 1965 Robert E. Farbura	Mc July 130 E FORT Ly
VS 151-REV, 1/1/65	



65 11125	BALTIMORE CITY	Y HEALTH DEPARTMENT		
BIRTH NO. DO LILLO	CERTIFICA	TE OF DEATH	Registered Na	5 44495
1. NAME OF DECEASED	0.1.5.40	2. DATE AND	HOUR OF DEATH	O IIIRO
(Type or Print)	URNER	10	131/65	15:30a
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	10 50 10	A. STATE B. COUNT	deceased lived. If ins	stitution: residence before admissio
FULL NAME OF (If not in hospital or institution, g	jive street	C. CITY OF TOWN III outs	-AMN	0.50
INSTITUTION PARK HILL NO	URSING	BD 27	1'more	URAL ond give township)
1802 EUTAW PLACY	Homp	D. STREET ADDRESS (If re	urol, give location)	#51
Land wHItO WIDOWED	NEVER MARRIED ,, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF	DOWED BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	In country)	12. CITIZEN OF
done during most of working lite, even if retired) HOUSE OUTE	Home	Essex Con	VA.	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
LELAND CARNEAL		VIRGINIA	- FAU.	LTHER
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	L/+2 1	ADDRESS
		117 WOS	TENDSY	かしてら つかっか
18. 3 3 4 / Y	CAUSE C	F DEATH	7.11.021	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY		,	0 , 10	ONSET AND DEATH
LEADING TO DEATH	(A) CE	ebruiercular	est scleros	as sev year
(This does not meon the mode of dying, e.g., heart failure, osthenia, etc. It meons the disease,				
injury or camplication which coused death.)	gen	eralized art.	Dol.	11-411
ANTECEDENT CAUSES	DUE TO	erworzen evis		
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the	(0)			
UNDERLYING CONDITION last.	(C)			***************************************
II II	4			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		11		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	100.			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	VHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMED		Mo		
OR CONTRIBUTING CAUSE OF home	e, form, foctory, street, o	office bldg., INJURY OCCUR?	(tf in Bottimore	City, give exact location)
DEATH (notify medical examiner)				
OF INJURY (Month) (Doy) (Year) (Hour) 21E	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX) Whi	le At Not Whi			
22. I certify that (I) (this haspital) attended th	a deceased from	7,05 11 11	958 to ver	31 1965
	RAT 79			
that (1) (we) last saw the deceased alive on			tin(my) (our) aptr	nion death accurred on the
and haur and fram the causes stated abave. (1)) (We) (did) (did nat)	view the bady after death.		
23A. STONATURE			s. //	23B, DATE SIGNED
Laur Millian Mille.	M.D. Att	ending Med. Director	Stoff Phys.	10/31/65
23C. PHYSICIAN'S / NAME (Type)		23D. ADDRESS		001 0
Louis V.Blvm M.D	M.D.	3502 W. Rog	iersare	Balto, Med
24A. BURIAL CREMATION, 24B. DATE MOD 24C, NA	ME of CEMETERY or CR	EMATORY 24D. LO	CATION (Cit	y, town, or county) Stote
REMOVAL (Specify) NOVIZ-1015 CEP	AR HILL Compte	EMATORY 240. LO	g, Co, Mar.	42
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME O	F REGISTRAR	25C. FUNERAL MIRECTOR	CHRTIS F	EVANSADDRESS LT
	. 0	25C. FUNERAL DIRECTOR	GOO S.C.HAA	specet my
NOV 1 1005 A A C . Fa	D. 108	carro comily	-0001-1101	1 3/230

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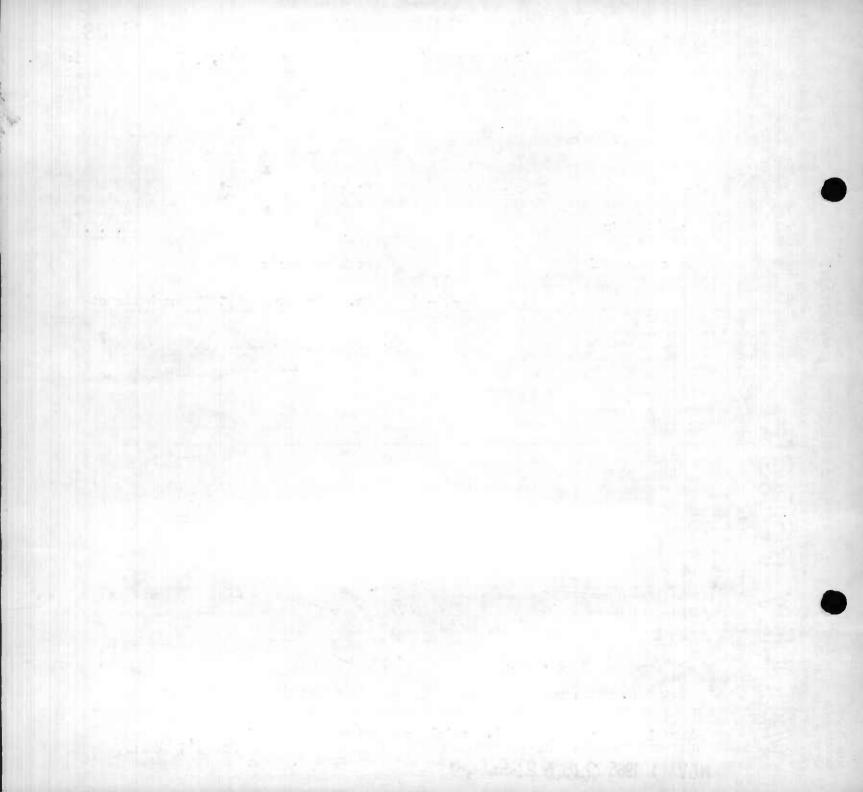
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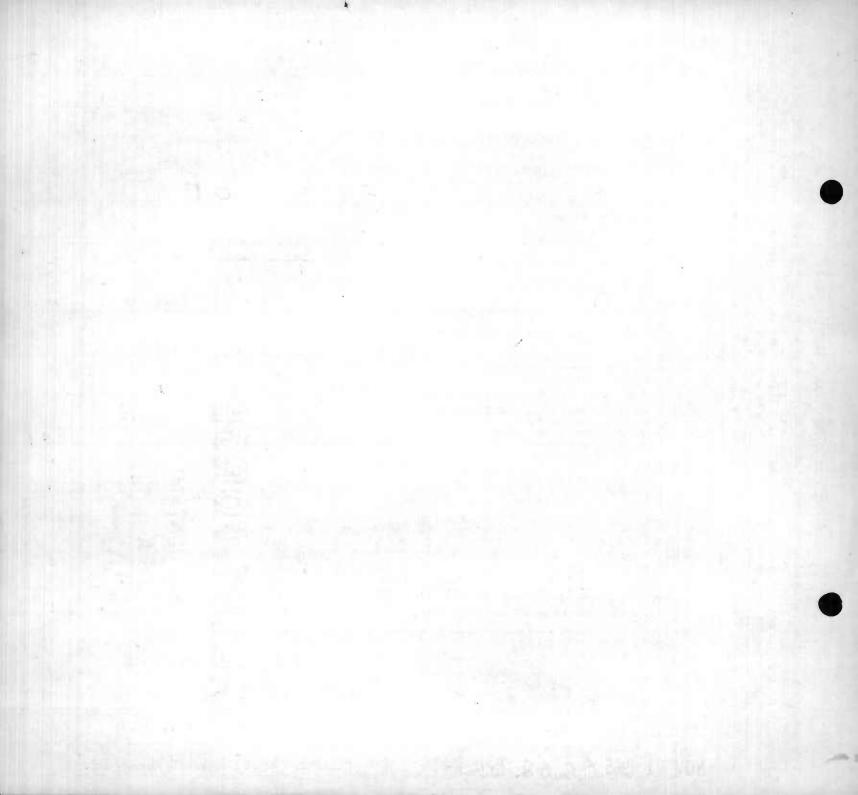
CURTIS E EVANS

M.E. CASE NO.		126	BALTIMORE CIT		Registered No.	-
N.E. CASE NO. 1. NAME OF DE Type or Print)	CEASED				AND HOUR OF DEATH)5 11126
Type of Finns	Joseph	h Frank	Sarnecki	Octo	ber 31p1965	5: P.
FULL NAME HOSPITAL OR INSTITUTION	Of (If not in hospital oddress of location 1802 Gough At Home	or institution, g	ive street	Maryland c. city or town (if Baltimore	outside city limits, write 31 If rurol, give locotion)	RURAL ond give township)
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
Male	White	larri		3/14/97	lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
done during most o	CUPATION (Give kind of work f working life, even if retired) LUFFCUT	10B, KIND OF	BUSINESS OR INDUSTR	Poland	oreign country)	12. CITIZEN OF WHAT COUNTRY? U. S. A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
Louis	Sarnecki			Pauline Drank	·a:	
5. Wos Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Tes, no or unknow	(If yes, give wor or dote	s of service)	216-01-2488	Mrs. Agnes Sarn	ecki 1802 Go	ough Street
(This daes hearl foilure injury ar co	ASE OR CONDITION DIR LEADING TO DEATH nal mean lhe made af , oslhenia, elc. Il means mplicolion which caused ANTECEDENT CAUSES OR CONDITIONS, il of he abave cause (A) IG CONDITION last.	dying, e.g., the disease, death.)	(B)	erlegsonof		7
TO THE	III NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	TED TO THE				
19A. DATE O	OF OPERATION 198. CON WAS PERF	DITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or	No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF	21B. home	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exect locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED e At Not White At Work		NJURY OCCUR?	
INCHROM!		7 ottended th	e deceased from	Sept	19 65 to	100
	y that (1) (this hospital	, oriended in	Δα			Qcl. 31 1965
22. I certif) lost sow the deceose	d olive on	Qx 27	19 6 5 ond	that in (my) (our) op	
22. I certife that (I) (we ond hour or	o) lost sow the deceose	d olive on	Qx 27		that in (my) (our) op	pinion death occurred on the de
22. I certif	o) lost sow the deceose	d olive on	(We) (did) (did not)	19 6 3 ond view the body ofter deoth	that in (my) (our) op	238, DATE SIGNED
22. I certif that (I) (we ond hour or 23A. SIGNAT	o) lost sow the deceose and from the couses state URE ANS	d olive on	(We) (did) (did not) M.D. At	19 0 3 ond view the body ofter deoth lending Med. Director 2 23D. ADDRESS	Stoff Phys.	238, DATE SIGNED WM 1 / 965
22. I certife that (I) (we ond hour or 23A. SIGNAT 23C. PHYSICI NAME (Sylva	o) lost sow the deceose and from the couses stot URE ANS Type Type Coldberg	ed olive on	(We) (did) (did not) M.D. At M.D.	19 6 3 ond view the body ofter death lending Med. pirector 123D. ADDRESS 420 Medical	shoff in (my) (our) op Shoff Phys. Arts Buildir	238, DATE SIGNED Wor 1, 1963
22. I certif that (I) (we ond hour or 23A. SIGNAT	o) lost sow the deceose and from the couses stot URE ANS Type Type Coldderg EMATION, 248. DATE (Specify)	ed olive on	(We) (did) (did not) M.D. At	19 6 3 ond view the body ofter deoth lending Med. pirector 1 23D. ADDRESS 420 Medical REMATORY 24D,	shoff in (my) (our) op Shoff Phys. Arts Buildir	238. DATE SIGNED 238. DATE SIGNED 1 1 96 5 City, Iown, or county) (Stole)



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-	pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the	4
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FUNERAL DIRECTOR: IMPORTANT	die lice rms	and (6) No physician was in regular attendance on the deceased prio
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II.	the (2)	of o
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	be ded	eat
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	18: A	d b
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	Thi the sho	de

	TY HEALTH DEPARTMENT 65 11127
BIRTH NO. 65 11127 CERTIFIC	ATE OF DEATH Registered No.
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
ODANIELL WILLIAM FRANKLIN	10/29/65 16:20 P.N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
EDMAIL W COURTE HOLD	BALTIMORE
FRANKLIN SQUARE HOSP.	D. STREET ADDRESS (If rural, give location) 4 PAT APSCO AVE
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
MALE WINDOWED, DIVORCED (SPECIFY) MARCE WINDOWS, DIVORCED (SPECIFY) MACE MARCE MAR	8/18/03 60
done during most of working life, even if retired)	WHAT COUNTRY?
CRATE OPERATOR Steel	NORTH CAPOLINA U.S.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GAKAOWA Wm. O'Daniell	A Mary Claudle
5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	HRS. MARGARET ODANIELL SAME
1B. / S X I CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO	arcinova of the
heart failure, osthenia, etc. It means the disease,	
injury ar complication which coused death.)	lungs of metastons
DUE 10	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	120 A AUTOROXY (Variational 200 IF yes Mark Statements
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g	affice bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not W	
Work At Wo	
22. I certify that (I) (this hospital) attended the deceased from	10/8 1965 10 /0 /29 1965
that (I) (we) last saw the deceased alive an 10/29	19 65 and that in (my) (our) opinion death accurred on the dat
ond hour and from the couses stated above. (I) (We) (did) (did not	view the body ofter death.
23A. SIGNATURE	23B. DATE SIGNED
hunta lung M.D.	Attending Med. Stoff Phys. 10/29/65
23C. PHYSICIAM'S NAME (Type)	23 D. ADDRESS
MENITH SUAREZ M.	O. FRANKLIM - SOUTHE HOSPITAL
DAA BURIAL CREATATION DAR DATE DAG NAME OF CRAFTERY OF	CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial (Specify) 11-1-65 Oak Lawn	Baltimore Co., Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 1 1965 60 A C TAD TO	Ullrich Funeral Home Dundalk, Md.
VS 150-REV. 1/1/65	



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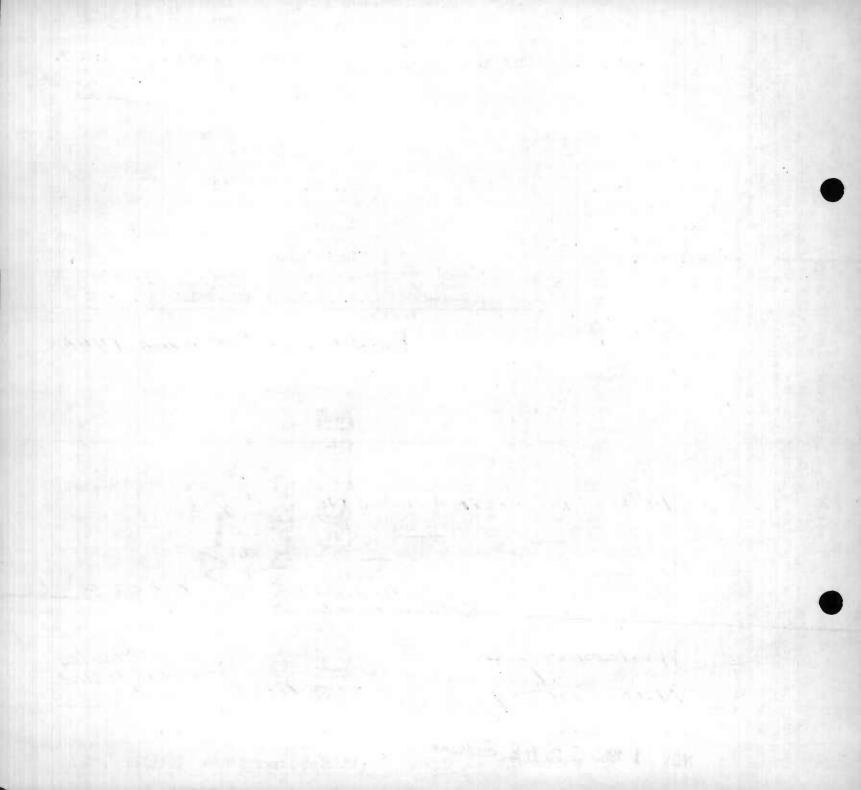
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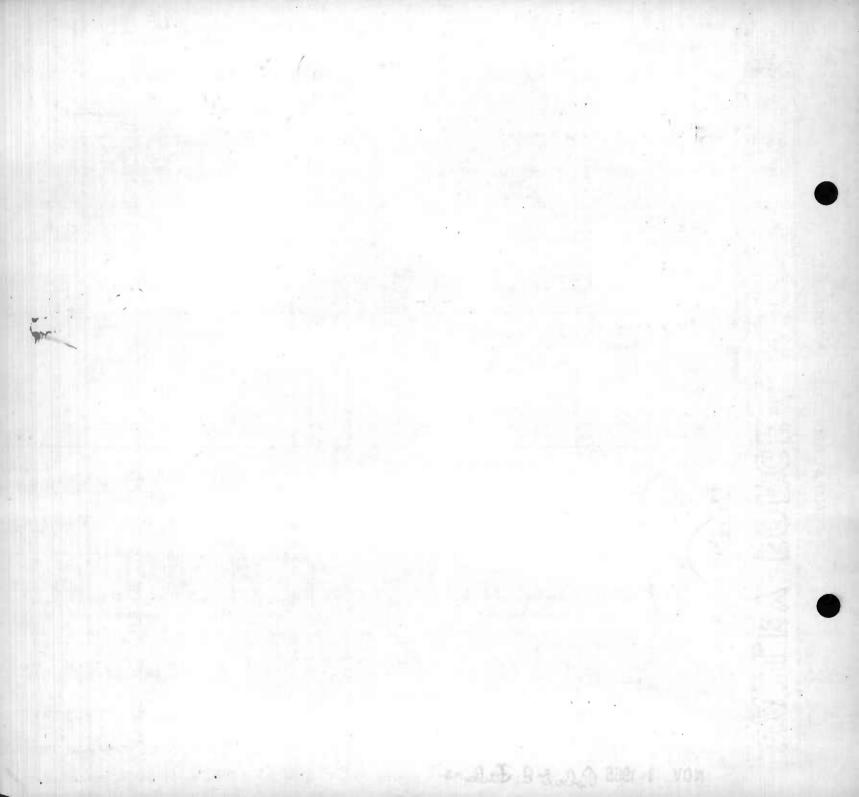
NAME OF DEC			October 30, 196	
DI ACE OF DE	orothy Ellis	Atkinson	4. USUAL RESIDENCE (Where deceased lived.	
FULL NAME O	No.	or institution, give street	A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, wr	27-01
INSTITUTION 42	10 Belair Roa	đ	Baltimore D. STREET ADDRESS (If rurol, give locotion)	
			4210 Belair Road	
'emale	Cauc.	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	Sept. 22, 1907 9. AGE (In years lost birthday) 58	If Under 1 Yr. If Under 24 Months Doys Hours M
	UPATION (Give kind of work working life, even if retired)	108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
B. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME	
Willard	W. Welsh		Minnie McDonald	
. Was Deceased	Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknow	yes, give wor or dote	s of service) SECURITY NO. 225-46-3911	F.J. Atkinson 4210 Bela	ir Rd. 21206
18.	0 / 1	CAUSE	OF DEATH	INTERVAL BETWEEN
heart failure, injury or cor	nal meon the made at asthenia, etc. It means nplication which coused ANTECEDENT CAUSES OR CONDITIONS, if	the disease, death.) (B) DUE TO	RONCHOGENIE CARCIN	
DISEASES or isse to the UNDERLYIN	asthenia, etc. It means nplication which coused ANTECEDENT CAUSES	the discose, deoth.) (B) DUE TO ony, giving sloting the (C) ONTRIBUTING		
DISEASES is a 1h UNDERLYIN OTHER SIGN TO THE C DISEASE OR	ashenia, etc. It means application which coused ANTECEDENT CAUSES OR CONDITIONS, if e obave couse (A) G CONDITION tost. IFICANT CONDITIONS CONDITIONS CONDITION CAUSING IF OPERATION 198. CONDITION CAUSING IF OPERATION 1988. CONDITION CAUSING IT CA	the discose, deoth.) (B) DUE TO DUE TO ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI	
DISEASES (injury or condition) DISEASES (insection) OTHER SIGN TO THE CONDITION OF THE CONTRIBUTION OF T	ashenia, etc. It means application which coused ANTECEDENT CAUSES OR CONDITIONS, if e obave couse (A) G CONDITION tost. IFICANT CONDITIONS CONDITIONS CONDITION CAUSING IF OPERATION 198. CONDITION CAUSING IF OPERATION 1988. CONDITION CAUSING IT CA	the disease, death,) (B) DUE TO DUE TO ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED [218, PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WI IN CERTIFYING	ERE FINDINGS CONSIDERED
DISEASES (injury or condition of the con	ashenia, etc. It means application which coused ANTECEDENT CAUSES OR CONDITIONS, if e obave couse (A) G CONDITION tost. IFICANT CONDITIONS CONDITIONS CONDITION CAUSING I FOREATION 198. CONDITION CAUSE OF medical examiner!	The disease, death.) (B) DUE TO DUE TO ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Will Work	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING In or obout 21 C. WHERE DID (If in Bolti office bldg., INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES of the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIB DEATH (notify (APPROX.) 21. Lertify that (I) (we and haur and the contribution of the	ashenia, etc. It means a mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e obave couse (A) G CONDITION lost. IFICANT CONDITIONS COME AND THE CONDITION CAUSING IF OPERATION 198. CONDITION CAUSING IF OPERATION 198. CONDITION CAUSING IF OPERATION 198. CONDITION CAUSE OF MEDICAL CONDITION CAUSE OF MEDICAL CAUSE OF MEDI	The disease, death,) (B) DUE TO DUE TO DUE TO ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Will Work At Work	20A. AUTOPSY? [Yes or No] 20B. IF YES, WI IN CERTIFYING IN CERTIFYING IN CERTIFYING Office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH? Imore City, give exoct locotion) Opinian death accurred an the
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VS 150-REV. 1/1/65

Ullrich Funeral Home Baltimore, Md.



BALTIMORE CITY HEALTH DEPARTMENT



23C. NAME of CEMETERY of CREMATORY

1,00dlawn

24B, NAME OF REGISTRAR

emeteru

24C. FUNERAL DIRECTOR

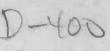
23D. LOCATION

(Stote)

(City, town, or county)

Baltimore, Maryland

John A. Moran Inc. 3000 E. Baltimore

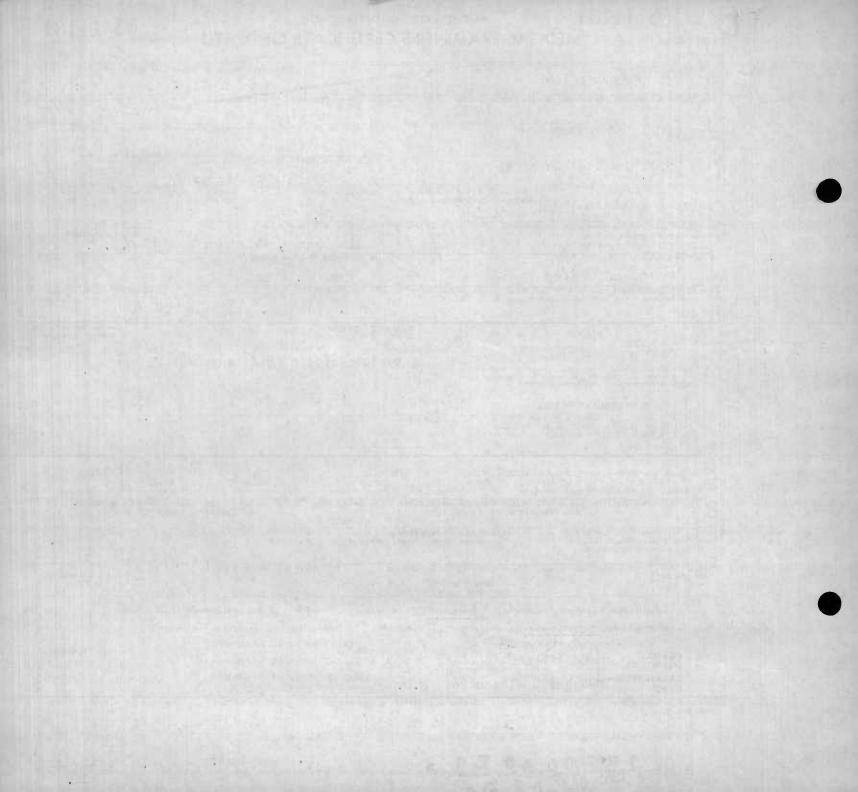


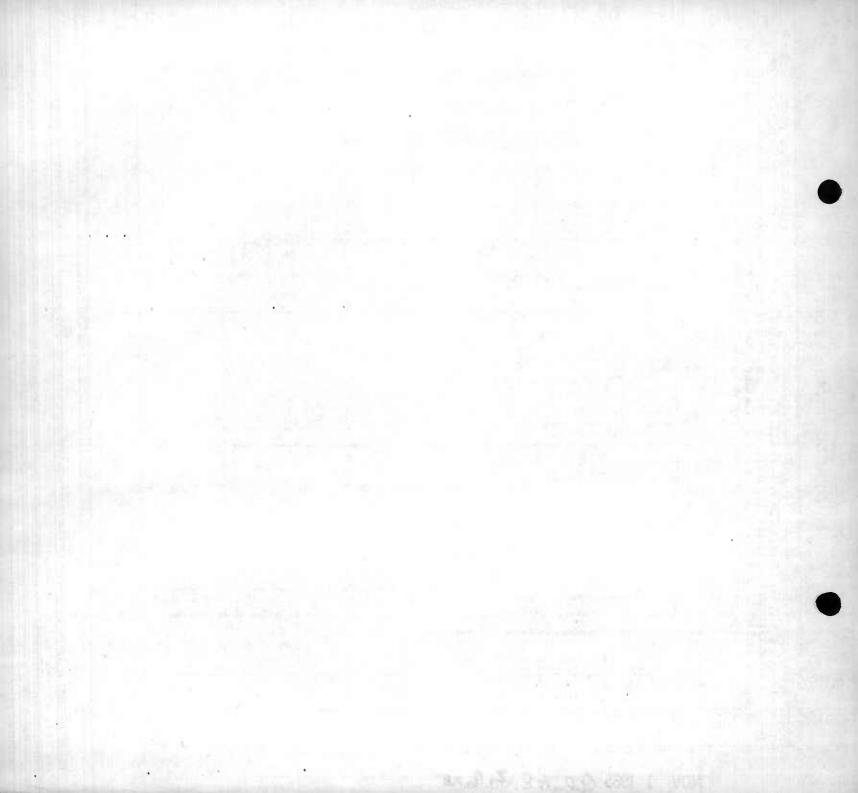
23A. BURIAL CREMATION.

24A, DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

23B, DATE





V\$ 150-REV. 1/1/65

uch

and

death

BALTIMORE CITY HEALTH DEPARTMENT 65 11133 CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) OCTOBER 26, 1965 | 2:10P M OCTOBER 26, LATCHFORD VIOLET 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE (If not in hospital or institution, give street MARYLAND FULL NAME OF HOSPITAL OR address or lacation) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION ST. AGNES HOSPITAL BALTIMORE (If rurol, give location) 201 SOUTH BEECHFIELD AVE. APTC If Under 1 Yr. If Und 8. DATE OF BIRTH 9. AGE (In years 5. SEX MARRIED, NEVER MARRIED If Under 24 Hrs. 6. RACE WIDOWED, DIVORCED (specify) lost birthdoyl Months Doys FEMALE WIDOW WHITE 7-14-10 12. CITIZEN OF WHAT COUNTRY? 10A. USUAL OCCUPATION (Give kind of work) OB, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) RED SECRETARY RETIRED TELEPHONE MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HERSCHEL E. KRAFT CATHERINE EWALT (DECID) DEC D 7. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO ST. AGNES HOSPITAL RECORDS 212-05-193 none CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examiner) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased from OCT 19 65 to 26 that (1) (we) last saw the deceased alive on OCT 26 19 65 and that in (my) (our) apinion death accurred an the date and hour and from the causes stated abave. (1) (We) (did) (did nat) view the body after death. 23A, SIGNATURE 23B. DATE SIGNED Attending Stoff Phys. 10-26-65 Med. Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) MIGU HEREDIA M.D. 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify) OCT 29,1965 Loudon Park Cemetery BURIAL Baltimore. 25A. DATE REC'D BY 25C. FUNERAL DIRECTOR Sterling FUneral Estate 736 Edm. Av.

Catonsville, Md.

SKINING JATERSON STREET SYSA . LANS OLD PRODESS TO THE DAY The state of the s CONTRACTOR SERVICES CONTRACTOR CONTRACTOR OF THE PROPERTY OF T AND CONTROL TO AN APPLICATION OF MARKET SALES

IMPORTANT **DIRECTOR:** BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. 12:00 (If autside city limits, write RURAL and give township) If Under 1 Yr. If Un Months Days Hours If Under 24 Hrs.

> 12. CITIZEN OF WHAT COUNTRY? USA

> > Graceham, Md.

ADDRESS

ONSET AND DEATH

20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

(If in Boltimare City, give exoct location)

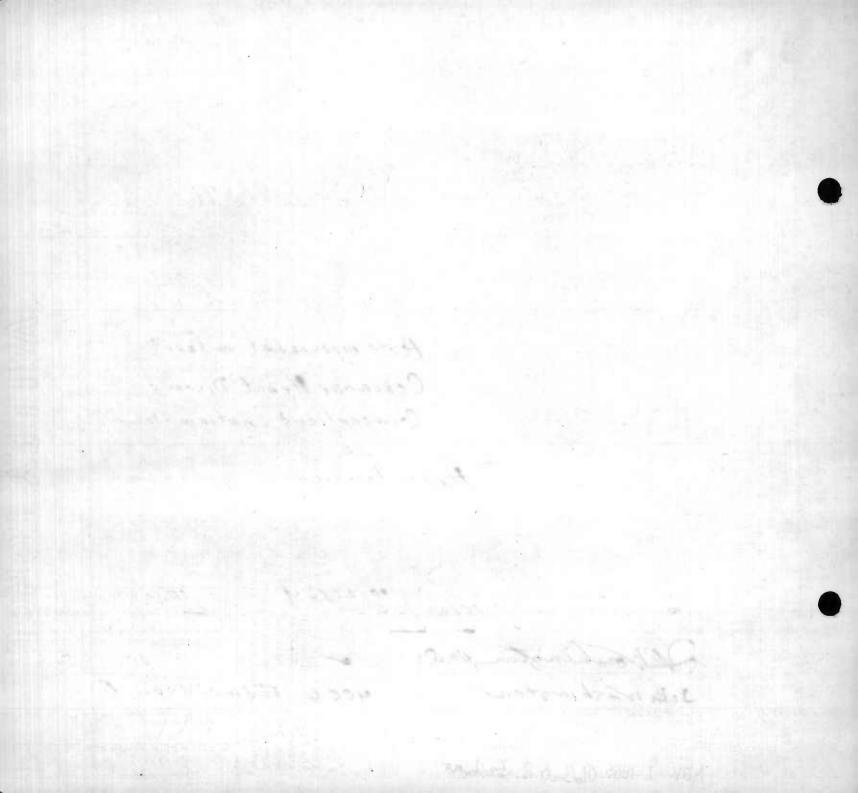
....and that in my) (aur) apinian death accurred an the date

23 B. DATE SIGNED

rease Thurmont, Md.

VS 150-REV. 1/1/65

NOTE IN COLUMN TO SERVICE AND ASSESSED TO SERVICE AND



IMPORTANT

DIRECTOR:

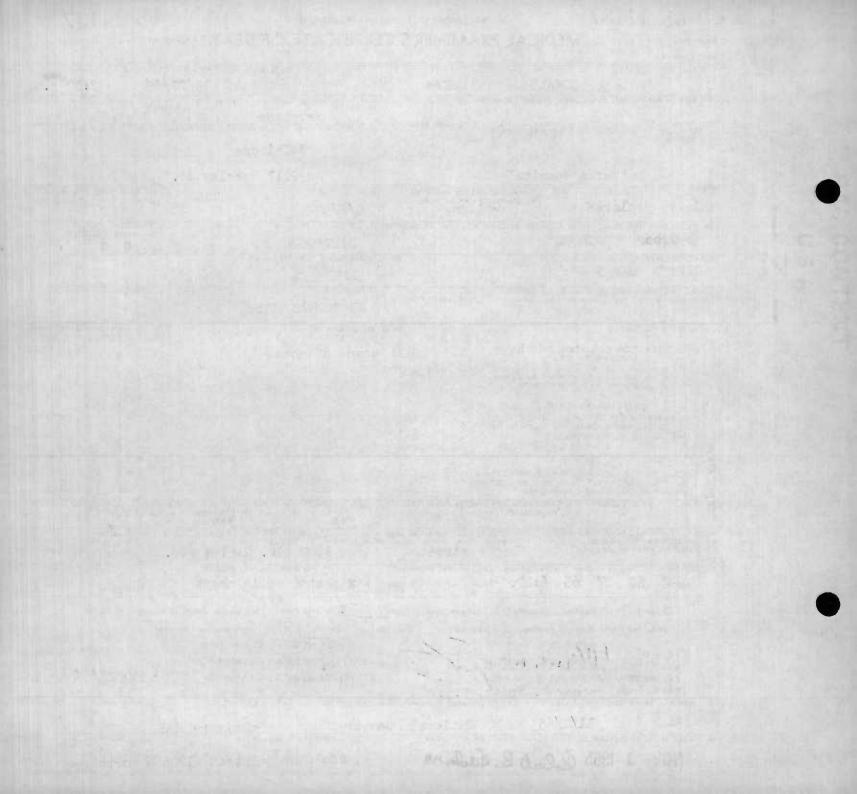
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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	65	11137		BALTIMORE CITY HEA	LTH DEPARTMENT		65 11137
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(Type o	or Print)	DON A	.D	WEEMS	2. DA	TE AND HOUR PRONOUNC 10/27/	
3. PLA	CE IN BAL	TIMORE MARYLAND, W			4. USUAL RESIDENCE	Where deceosed lived, If inst	itution: residence before admission)
FULL N HOSPIT IN STITE	NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITE	JTION, GIVE STREET		outside corporate limits, write	12-04
1/_					D. STREET ADDRESS	timore	
V.		Lutheran Hos	oital			17 Barclay St.	
5. SEX		6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
male		colored	Un Un	oly or CED (specify)	6/6/50	lost birthdoy)	Months, Doys, Hours, Min.
		Working life Scar (February)	KIOS KIND OI	F BUSINESS OR INDUSTR	TATELL CODE		12. CITIZEN OF WHAT COUNTRY?
	HER'S NA	.,			BALTIMORE	MD	USA
	PHUS	WEEMS			LAURETTA	TAME	
15. WA	S DECEAS	ED EVER IN U.S. ARMET	FORCES?	16. SO CIAL	17. INFORMANT		ADDRESS
		n) (If yes, give wor or dot		SECURITY NO.	MR CEPHUS W	EEMS	
18.	50	X CQ		CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
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	(This does	not meen the mode of	dying e.g.	(A)			
	heart failure	e, osthenio, etc. It meons emplication which caused	the diseose,	001 10			
		ANTECENDENT CAUS					
	DISEASES	OR CONDITIONS, IF	NY, GIVING	(B)DUE TO			***************************************
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Z_		- New York		(C)		•••••	
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EDICA NO DI	DERLYING NG CA	OR CONTRIB-			olfice bldg., 1800 B	UR?	ve exoct locotion)
21 0	TIME	(Month) (Doy) (Yea		TE. INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
(AF	PROX.)	10 27 65		WHILE AT NOT	WHILE Stabbe	ed in chest	
22.	l ce	rtify that I held an	nquiry 🗌	Inspection Au	topsy C ond that	on this bosis, deoth in m	ny opinion
	resu	Ited from: Notural co	uses A	Accident Suicid	de Homicide 🗶	Undetermined monne	or .
	ACTUA		21./	1-/-	ACCICTANT MEDIC	AL EXAMINER	DATE SIGNED
	EXAM	NER'S	7 4-2	M.C	ASSOCIATE MEDIC		10/28/65
23A. R	NAME URIAL CR	(Type) Werner I	J. Spitz	C. NAME OF CEMETERY	OF CREMATORY	23D. LOCATION (City,	town, or county) (State)
	AL (Speci						10.0.07
		BY HEALTH DEPT.		National C	emetry 24C. FUNERAL DIR	Baltimore Md	ADDRESS
	NOV	1 1965 Re		_			W North Ave
VS 151	-REV. 1/1						1.



1, 13	AME OF DEC	EASED				AND HOUR OF DEAT		
(Typ	pe or Print) Ma	rgaret Hughes	5		October 28, 1965 4. USUAL RESIDENCE (Whore deceased lived. If institution: residence before as 8. COUNTY			
		ATH IN BALTIMORE, MAI			4. USUAL RESIDENCE (W	hore deceased lived. If	institution: rosidence before	
1	FULL NAME OF HOSPITAL OR NSTITUTION	F (If not in hospital of oddross or location	or institution, gi	ve street	Maryland		e RURAL ond give township	
0	80	3 Druid Hill	Ave.			If surol, give location)		
-					803 Druid Hi	ll Ave.		
5. \$	EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Un Months Doys Hours	
F	emale	Negro		rated (specify)	10/10/17	I O	Widnins Doys Hours	
tOA	USUAL OCC	UPATION (Give kind of work	10B KIND OF	BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF	
don	o during most of Dome	working life, even it retired)			Vincinia		WHAT COUNTRY?	
13.	FATHERS NA				Virginia	A AA F		
	1000					Divis		
	JOSHUA	REED			FLORENCE			
5. Yos	Was Deceased and or unknown	(It yos, give wer or deter	ces? s of sorvice)	6. SOCIAL SECURITY NO.	17. INFORMANT	DEED 400	ADDRESS	
					MISS MARY	REED 803	Druid Hill Ave	
	1B. 5 8	1.01		CAUSE	OF DEATH	^	INTERVAL BET	
	-	SE OR CONDITION DIR	ECTLY		Λ	0	ONSET AND	
		LEADING TO DEATH		(4)	Carlinous.	of Live	V	
	(This does	not mean the mode of	dying, e.g.,	DUE TO		<i>O</i>		
		osthenia, etc. It meons	me diseose,	1/				
		aplication which caused	deoth.)	1/1	1	-11		
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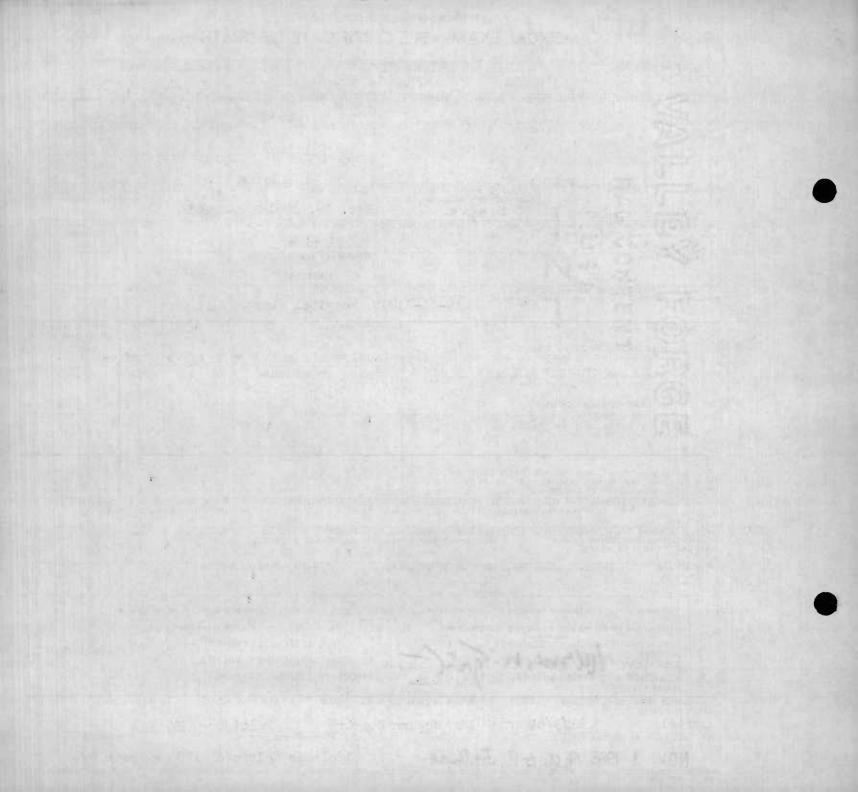


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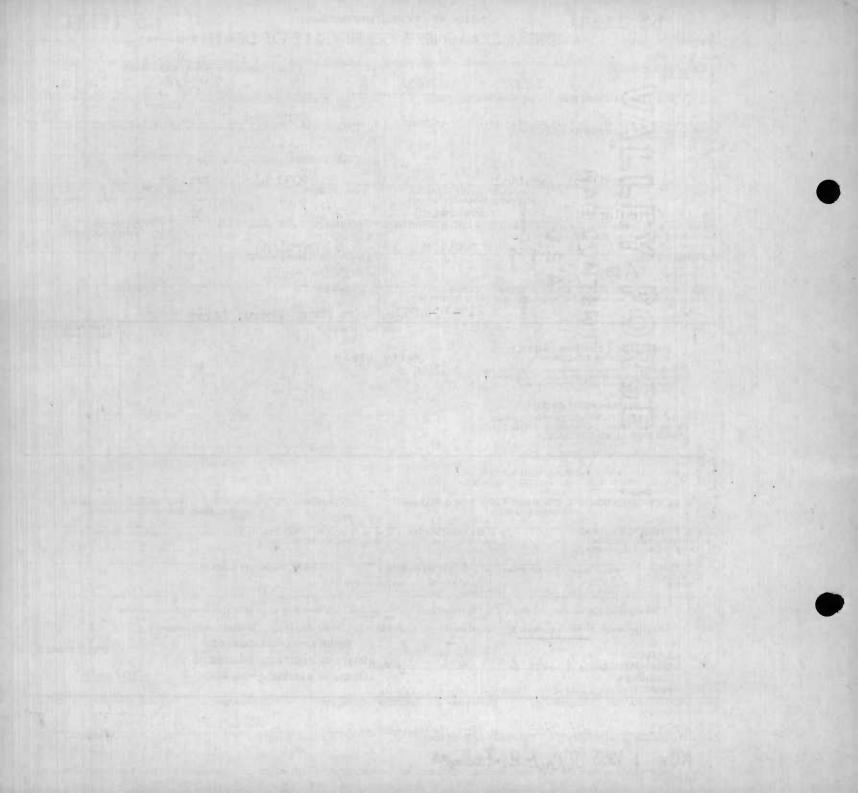
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SIGNATURE Werner U. Spit 2, M.D. ASSISTANT MEDICAL EXAMINER 10/28/65 NAME (Type) 23A. BURIAL CREMATION, REMOVAL (Specify) Burial 23C. NAME of CEMETERY or CREMATORY CMt Tauburn Cemetry Baltimore Md 24A. DATE REC'D BY HEALTH DEPT. 24C. FUNERAL DIRECTOR ASSISTANT MEDICAL EXAMINER 10/28/65 ASSOCIATE MEDICAL EXAMINER 10/28/65 BURIAL CREMATION, (City, town, or county) (Stote) Burial 24A. DATE REC'D BY HEALTH DEPT. 24C. FUNERAL DIRECTOR ADDRESS		1		1 ,	CHIEF M	EDICAL EX	AMINER _		ATE SIGNED
EXAMINER'S NAME (Type) 23A. BURIAL CREMATION, REMOVAL (Specify) Burial 23C. NAME of CEMETERY of CREMATORY CMtotruburn Cemetry Baltimore Md 24A. DATE REC'D BY HEALTH DEPT. ASSOCIATE MEDICAL EXAMINER 10/28/65 ASSOCIATE MEDICAL EXAMINER 10/28/65 ASSOCIATE MEDICAL EXAMINER 10/28/65 BURIAL CREMATION, (City, town, or county) (Stote) CMtotruburn Cemetry Baltimore Md ADDRESS			Such h.	5 - 1 - 10	ASSISTANT M	EDICAL EX	AMINER K	_	ATE SIGNED
NAME (Type) 23A. BURIAL CREMATION, REMOVAL (Specify) Burial 23C. NAME of CEMETERY or CREMATORY CMt Auburn Cemetry Baltimore Md 24A. DATE REC'D BY HEALTH DEPT. 24C. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS		V	erner II. Sn	i + 2				10/	28/65
Burial 11/3/65ourn CMtt Auburn Cemetry Baltimore Md 24a. Date Rec'd by Health Dept. 44s. Name Of Registrar 24c. Funeral Director Address			stuct o. op	They were	ASSOCIATE	LDICAL L			
Burial 11/3/65um CMt Auburn Cemetry Baltimore Md 24a. DATE REC'D BY HEALTH DEPT. 44a. NAME OF REGISTRAR 24c. FUNERAL DIRECTOR ADDRESS			ATE 23	C. NAME of CEMETERY o	CREMATORY	23 D. L	OCATION (City,	town, or coun	ly) (State)
24A. DATE REC'D BY HEALTH DEPT. 24A. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS			+/2/6Kmm	Caraot miles	and advers	D 3	44		
			1 1			AL DIRECTOR	timore Md	ADD	RESS
NOV 1 1965 Relate talkent Adolphus Halstead 1206 W North Ave	41.23.								
	NOV	1 1965 (1 3 dust	albei M.A	AdoLph	rus Hals	tead 1206	w North	Ave

VS 151-REV. 1/1/65



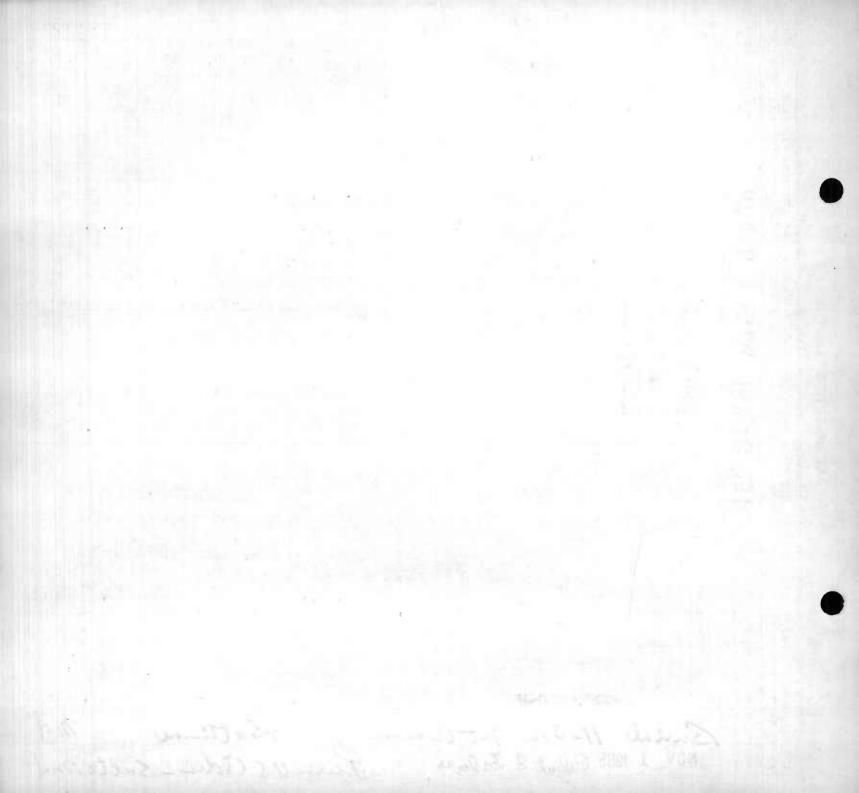
1. NAME OF DECEASED	LEROY CAMPBELL		2. DATE AND HOUR PRONOUN	
3. PLACE IN BALTIMORE, MARYLAND,			NCE (Where deceased lived. If in	stitution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPI HOSPITAL OR ADDRESS OR LOC INSTITUTION	TAL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOW	Maryland (N (If outside corporate limits, wi	15-02
9			Baltimore ESS (If rurol, give locotion)	
Provident H			2030 Linden Ave.	
5. SEX 6. RACE colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Separated	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of wardone during most of working life, even if retired) Laborer	THE TOR KIND OF BUSINESS OR INDU		State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	O Olisci decitori	14. MOTHER'S MA	rolina AIDEN NAME	
MOSES DAVIS			PEDRO	
15. WAS DECEASED EVER IN U.S. ARME (Yes, no or unknown) (If yes, give war or do NO		17. INFORMANT Mrs Emma	Pedro, Loray S	ADDRESS
1B.5 81 0 1	CA	USE OF DEATH	Lordy D	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION E LEADING TO DEAT	H Fat	ty liver		
(This does not meon the mode of heart failure, asthenia, etc. It mean injury or complication which caused	is the disease.			
ANTECENDENT CAUS	SES			
DISEASES OR CONDITIONS, IF	STATING THE		•••••••••••	
UNDERLYING CONDITION LAST	(C1			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN	ELATED TO THE			
19A. DATE OF OPERATION 19B. CO		yes	(Yes or No) 208. IF YES, WERE IN CERTIFYING CA	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (chome, form, foctory, streetc.)	e.g., in or obout 21C, Wet, office bidg., INJURY	HERE DID (If in Boltimore City, OCCUR?	give exact location)
21D TIME (Month) (Doy) (Ye OF INJURY (APPROX.)	WHILE AT N	OT WHILE T	W DID INJURY OCCUR?	
	Inquiry Inspection	Autapsy X and	that an this basis, death In	my apinian
22. I certify that I held an	midon,			
		cide Hamicia		ner 🗀
I certify that I held an		CHIEF ME	EDICAL EXAMINER	DATE SIGNED
I certify that I held an resulted from: Natural control of the SIGNATURE		CHIEF ME	EDICAL EXAMINER EDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S		CHIEF ME M.D. ASSISTANT ME ASSOCIATE MI	EDICAL EXAMINER EDICAL EXAMINER EDICAL EXAMINER	



BIRTH NO.	65	1114	7	HEALTH DEPARTMENT		
M.E. CASE NO		Marshadha &	CERTIFICA	TE OF DEATH	Registered Na.	65 11142
NAME OF		7		2. DATE	AND HOUR OF DEATH	00 11.27
Type or Print)	Costell	o, Loui	S	Octo	ber 30, 196!	5 4:45 a N
PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W. A. STATE B. COL		nstitution: residence before odmission
FULL NAM HOSPITAL (OR oddress or locotic	n)		Maryla:	nd outside city limits, write	RURAL ond give township)
r	Providen			Baltim		
9	1514 Div				If rural, give location)	
/	Baltimor	e, Mary	land 21217	1561 R	ichland Str	eet
Male	6. RACE Negro	WIDOWE	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	CCUPATION (Give kind of wor	sing	LE RUSINESS OF INDUSTRY	Jan. 14, 1909	56	12, CITIZEN OF
	of working lile, even if retired)		DOSINESS OR INDOSIRI	The sixting act (Store of to	reign coonny	WHAT COUNTRY?
non	e	non	e	Virginia		U.S.A.
3. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
Jun	ius Costello			Florence ?		
5. Wos Deced Yes, no or unkn	osed Ever in U. S. Armed Fo	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			none	Melvin Coste	llo-hrother	518 Baker Stree
heart failuinjury ar DISEASES	is not mean the made at ure, asthenia, etc. It means camplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) (ING CONDITION last.	s the disease, d death,) S any, giving	(B) Lasani DUE TO	ding Softag nec cimboris of t	halises with f	lejatoma
TO THE DISEASE 19A. DATE	IDENT WAS UNDERLYING [ATED TO THE	WHICH OPERATION PLACE OF INJURY(e.g., iree, of	20A. AU OPSY? (Yes or yes or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH? LUSES OF DEATH?
_ OR CONT	otify medical examiner)	etc.				
OR CONT						
OR CONT	Υ		INJURY OCCURRED ILLE AT Not While ILLE AT Work	21F. HOW DID II	NJURY OCCUR?	
OR CONT DEATH (n 21 D. TIME OF INJUR (APPROX.) 22. I cert	rify that (1) (this hospita	Wh Wo	ile At Not While At Work he deceased from OC	tober 17.	1965 to Oct	ober 30. 19 65
OR CONT DEATH (n 21D. TIME OF INJUR (APPROX.) 22. I cert that (I) (rify that (1) (this hospita	Wh Wo	ile At Not While At Work the deceosed from .Oc.	tober 17,	1965 to Oct.	ober 30, 19 65 inian deoth accurred on the dat
OR CONT DEATH (n 21D. TIME OF INJUR (APPROX.) 22. I cert that (I) (rify that (I) (this hospita we) last saw the deceas and from the causes sta	Wh Wo	ile At Not While At Work the deceosed from .Oc.	tober 17,	1965 to Oct.	ober 30, 19 65 inian death accurred on the dat
OR CONT DEATH (n 21D. TIME (APPROX.) 22. 1 cert that (1) (and hour 23A. SIGN.	tify that (I) (this hospita we) last saw the deceas and from the causes sto	Wh Wo	Not While At Work the deceosed from QC ctober 30,) (We) (did) (did not) v M.D. Atte Physical Representation of the control o	tober 17, 19 65 and iew the body after death	1965 to Oct.	23B, DATE SIGNED
OR CONT DEATH (n 21D. TIME OF INJUR (APPROX.) 22. 1 cert that (1) (and hour 23A. SIGN.	tify that (I) (this hospita we) last saw the deceas and from the causes sto	Wh Wo	Not While At Work the deceosed from QC ctober 30,) (We) (did) (did not) v M.D. Atte Physical Representation of the control o	tober 17, 19.65 and iew the body after death anding Med. Director 23D. ADDRESS	1965to Oct. that In(my) (our) opi	October 30, 1965
OR CONT DEATH (n 21D. TIME OF INJUR (APPROX.) 22. 1 cert that (1) (n and hour 23A. SIGN.) 23C. PHYSI NAM	rify that (I) (this hospita we) last saw the deceas and from the causes sta ATURE	who wo	Not While At Work the deceosed from .OC. actober 30 s) (We) (did) (did not) v M.D. Atte Phy	tober 17, 19.65 and iew the body after death nding	1965 to Octo that in(my) (our) opi Stoff Phys. Street-Bal	23B. DATE SIGNED

Robert E. Farker MA

VS 150-REV. 1/1/65



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DIRECTOR:

FUNERAL

MALES AND THE SHAPE J. M DALTINO PC D Willowed - 18 68 DIRCTALIS TOXICOT ARRHATHMIA (PROSMER) COLL CO CIA WHE TO BE EN MA DE MACO G-Bure a Brun BRUCE A, BRIAN

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 11145

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ond give township) der 1 Yr. If Under 24 Hrs. Ais Doys Hours Min.
der 1 Yr. If Under 24 Hrs.
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HAT COUNTRY?
Monte bello Ten
CONSIDERED DEATH
Ian DATE SIGNED
ADDRESS (Store) ADDRESS (Store) Lineston St
CODE III

VS 151-REV. 1/1/65

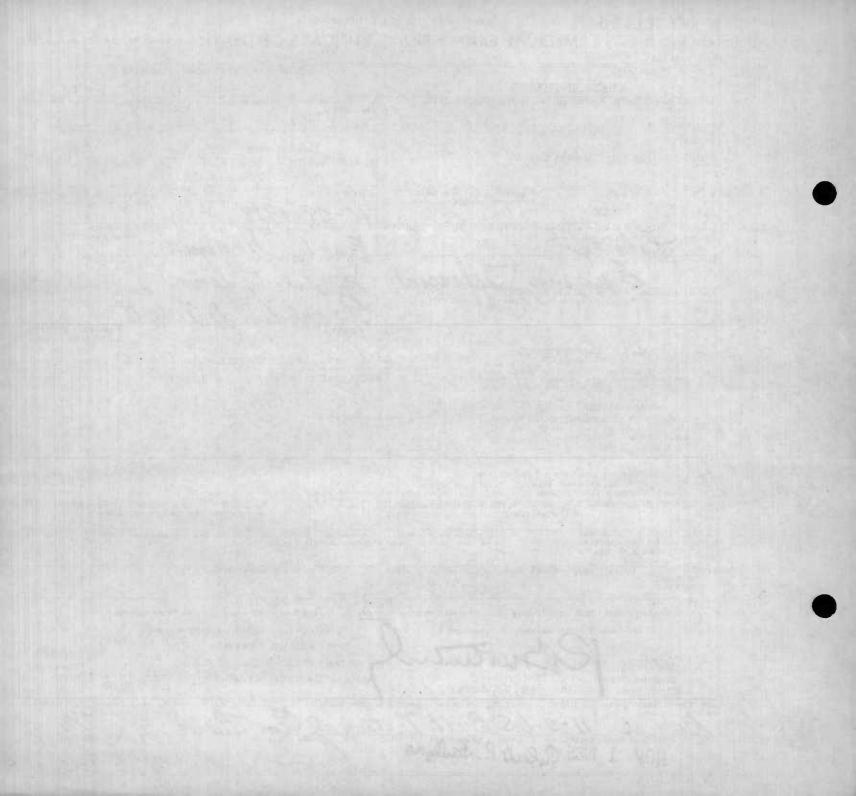
Married Maryland My siciais Mil. Week Johnson Sugar Johnson Ruth J. France 23237/10th 462 WWI- 5-6-1916 Evenet 10-24 65 East Tethernal Em Pallo The transmission of the second second

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BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 11146

M.E. CASE NO.	-				2 0. 0.		
1. NAME OF DEC	EASED				2. DATE AND	HOUR PRONOUNCE	D DEAD
(Type or Print)	MOSES JEFF	ERSON			Oct	ober 28, 1	965 10:43 A _M
3. PLACE IN BALTI	MORE, MARYLAND,		CED DEAD	4. USUAL RESIDI			tution: residence before admission)
				A. STATE Ma	ryland	B. COU	NTY
FULL NAME OF HOSPITAL OR	ADDRESS OR LO	PITAL OR INSTITUTIO CATION)	ON, GIVE STREET	C. CITY OR TOW	/N (If outside c	corporote limits, write	RURAL and give township)
NOITUTITZNI					1timore		10-02
Johns Hop	kins Hospi	tal .		D. STREET ADDR		un Incoton)	10-02
3					_	ison St.	
c cev T	S. RACE	T AAADDIED NE	VED AAADDIED				
		7. MARRIED, NE		8. DATE OF BIRTH	, 0-0	9. AGE (In years lost birthdoy)	Months, Doys, Hours, Min.
male	negro	Sim	981	111-28	-1428	37	
			MINESS OR INDUSTRY	11. BIRTHPLACE	Stole of foreign	countryt	12. CITIZEN OF
done during mosy of we	orking life, even if retired	11		Envl	1/11	genea	WHAT COUNTRY?
3. FATHER'S NAMI	10000		. 0	14. MOTHER'S M	AIDEN NAME	of open	
	5 11.00	2 (2)	1242.1	Ton v	2.4	· /	
S WAS DECEASED	EVER IN U.S. ARM	ED FORCES	SOCIAL	17/INFORMANT	4	renn	ADDRESS
	If yes, give wor or d		SECURITY NO.		. ,/	· A 30	ADDRESS .
Carlotte Section		0		CIFAH	& ding	Allelo	776
1B.	1 ()		CAUSE	OF DEATH	G LLWING	The Carrier	INTERVAL BETWEEN
DISEASE	OR COMPLETION						ONSET AND DEATH
	E OR CONDITION LEADING TO DEA		Co	onfluent b	ronchopn	eumonia and	d right empyema
(This does no	ot meon the mode	ol dying, e.g.,	DUE TO				- 12gir cmp y cma
injury or com	osthenio, etc. It med plication which couse	d deoth.)	1	atty metam	orphosis	of liver	
							San San San San
	NTECENDENT CAU		(B)				
RISE TO THE	R CONDITIONS, IF	STATING THE	DUE TO				
	G CONDITION LAS	τ.	(C)				
OTHER SIGN TO THE DISEASE OR			(\(\sigma \)				
ATHER SIGN	II IFICANT CONDITION	IS CONTRIBUTING					
O THE	EATH BUT NOT	RELATED TO THE					
DISEASE OR	CONDITION CAUSI			Parti			***************************************
19A. DATE OF	OPERATION 198. CO	ERFORMED	CH OPERATION	20A. AUTOPSY	(Yes or No) 20	B. IF YES, WERE FIN	IDINGS CONSIDERED
1 2				Yes		Yes	
UNDERLYING		218. PLA	CE OF INJURY (e.g.,	in or obout 21C. W	HERE DID (IF	in Boltimore City, giv	re exect location)
UTING CAUS		etc.)					
Z 21D TIME	(Month) (Doy) (Y	eor) (Hour) 21E.	INJURY OCCURRED	21 F. H.C	W DID INJURY	OCCUR?	
OF INJURY				WHILE			
		m. WOR	LE AT NOT	ORK			
22.	fy that I held an	Inquiry I		artial and	that an this	basis, death in m	y gainian
rasult	ed fram: Natural	auses Acci	ident Sujeid			determined manne	· [_]
	1/	1 7	-> U	CHIEF ME	EDICAL EXAM	MINER	DATE SIGNED
SIGNATU	DE V	ner a	USUN M.D	ASSISTANT ME	EDICAL EXAM	MINERXX	
EYAMINE	ים:			ASSOCIATE MI	EDICAL EXA	MINER O	ct. 29, 1965
NAME (T	ype) Rudiger	Breiteneck	ker, M.D.	/			
23A. BURIAL CREN			AME of CEMETERY	CREMATORY	, 23D. LOC	ATION (City.	town, or county) (Stote)
REMOVAL (Specily)	1 11.	n/C A	20+ M-	4.0	195 -	20 00	und
Durua	11-2	1-60 10	dello 1/a	world	your C	Dalle	11100
24A. DATE REC'D	HEALTH DEPT.	248 NAME OF	GISTRAR	24C. FUNERA	L DIRECTOR		ADDRESS
NOV	1 1965 (west E.	Tangana	Parla	104 50	Sand	176 Treat SI
VC 161 DEV 1/3/4	£			y cuy	WI OU	receno o	10 Tresier or



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FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

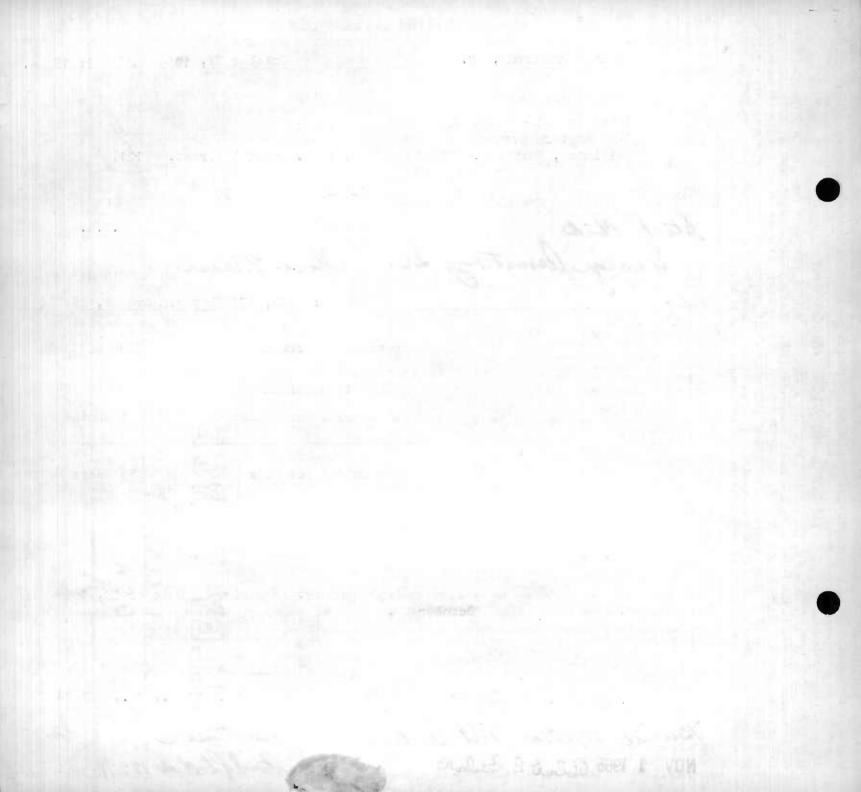
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BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT H NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 11149

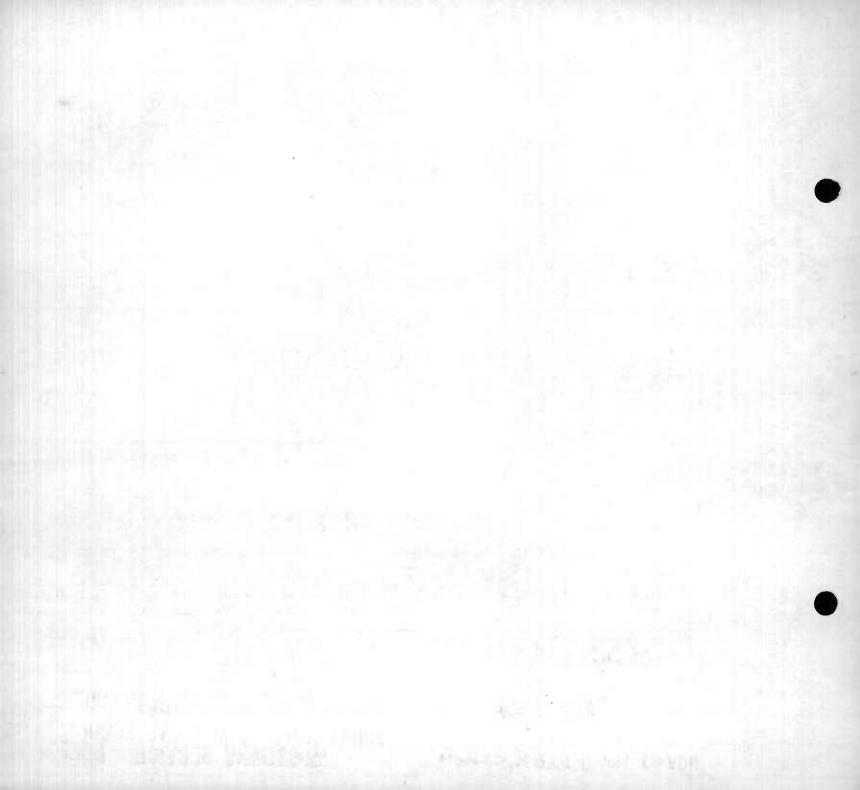
M.	E CASE NO.								
1. (Tv	Pe or Print)	EASED				2. DATE A	ND HOUR PRONOUP	ICED DEAD	
,	po 01 - 111111		CHARLI	ES W LYNCH			10/27	/65	10:10 p. M.
3.	PLACE IN BALT	IMORE, MARYLAND, W			4. USUAL RES	SIDENCE (Where	e deceased lived. If i	n stitution: resi OUNTY	idence before admission)
FU HC	LL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA		JTION, GIVE STREET	C. CITY OR T		de corporote limits, 3	uite RURAL	and give township)
						Baltimor		20	0 (
		City_Hospita	als			4331 E.	Lombard St		
5. :	EX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF B		9. AGE (In yeo	rs If Unde	er 1 Yr. If Under 24 Hrs.
	male	white	Divo	rced	June 3		last birthdayl		Doys Hours , Min.
		Varking life, even if retired)		BUSINESS OR INDUSTR			ign country!	12. CITIZ	AT COUNTRY?
	Laborer		Brewe	ry	Baltin		4d	U.S	5.A.
13.	FATHER'S NAM	E			14. MOTHER'S	MAIDEN NAM	A E		
	J	oseph W Ly	nch		Mar	y Gille	en		
		D EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMAN			ADDRES	S
	No	(If yes, give wor or date	s of service/		- C-				
-	18/ 50 50			213-18-1295	OF DEATH	rtruae	Genco 12	L N PC	tomac St.
	700	21/1		CAUSE	OF DEATH				ONSET AND DEATH
	DISEAS	LEADING TO DEATH	RECTLY	Dulma	nary tub	angulaci	6		
	(This does n	of mean the made of	dying, e.g.,	(A) DUE TO	nary our	el carosi		•••••	
	injury or cor	osthenio, etc. It meons nplication which coused	deoth.l						
	A	NTECENDENT CAUSE	S						
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B) DUE TO					
		E ABOVE CAUSE (A) ST	TATING THE						
Z				(C)			·		*************
은		11							
CERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	ATED TO T				•		
ERT	19A. DATE OF	OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTO	PSY? (Yes or No) 208. IF YES, WERE		
	0	WAS PERI	FORMED		- yes	no	IN CERTIFYING CA	USES OF D	EATH?
FDICAL	UNDERLYING UTING CAU		21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21C office bldg., INJU	, WHERE DID JRY OCCUR?	(If in Boltimore City,	give exoct l	ocation)
Σ	21 D TIME OF INJURY	(Month) (Doyl (Yeor) (Hourl 2	IE. INJURY OCCURRED	21 F.	HOW DID INJ	IURY OCCUR?	1	
	(APPROX.)		m. V	VHILE AT NOT	WHILE ORK				
	22. I cert	ify that I held on I	nquiry 🗌	Inspection X Au	topsy	and that on th	his basis, death in	n my apinio	n
	resul	ted from: Natural cau	uses X A	coldent Suicid	le Hami	icide 🗌	Undetermined man	nner 🗌	
				,	CHIEF	MEDICAL E	XAMINER		DATE SIGNED
	ACTUAL		n- 9	1	ASSISTANT	MEDICAL E	XAMINER X		DATE SIGNED
	SIGNAT		1	5 M.D		MEDICAL E		10	0/28/65
	NAME (U. Spit	7. M.).	ASSOCIATE	MEDICAL	XXIIII ILEK		
	BURIAL CREAMOVAL (Specify	MATION, 23B. DATE	23	C. NAME OF CEMETERY	or CREMATORY			ity, town, or	countyl (Stotal
	Burial	11/2/6	55	Holy Redeem			altimore	Ma	
24/	A. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUN	IERAL DIRECTO	R		ADDRESS
	NOV	1 1965 R.C.	m 6 6.	Tabley For	Oon	Tolin Iles	Denkin	2713	Kirk Ave.
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Pulmonary thrombosis

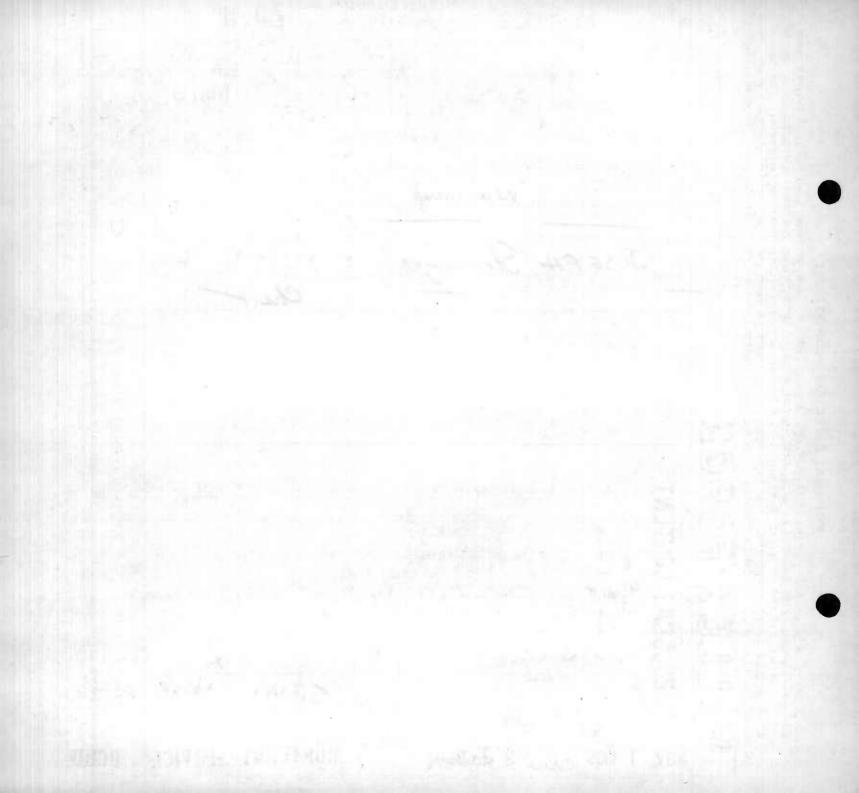
arteriosclerosic cardiovascular disease

OIL

ALS CASE MO. TINAME OF DECEASED FULL NAME OF HOSPITAL OR INSTITUTION 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 10. USUAL OCCUPATION (Give kind of work log, kind of working life, even if relived) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Ammed Forces? 16. SOCIAL 17. INFORMANT 18. OCCUPATION (Give kind of work log, kind of work log, give or or doles of service) 16. SOCIAL 17. MARRIED, NEVER MARRIED 18. OCCUPATION (Give kind of work log, kind of work log, kind of work log, give wor or doles of service) 19. ADE (In years life under 1 Yr, Months; Doys H. L. WHAT COUNTY) 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Ammed Forces? 16. SOCIAL SECURITY NO. 18. OCCUPATION (Give kind of work log, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, ostherio, etc. il means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving	2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 3. USUAL RESIDENCE (Where decessed lived, If institution; residence before odmiss B. COUNTY D. STREET ADDRESS (If rupa), give location) D. STREET ADDRESS (If rupa), give location give locati		65 1111	CERTIFICA	ATE OF DEATH	Registered No.	99-11191
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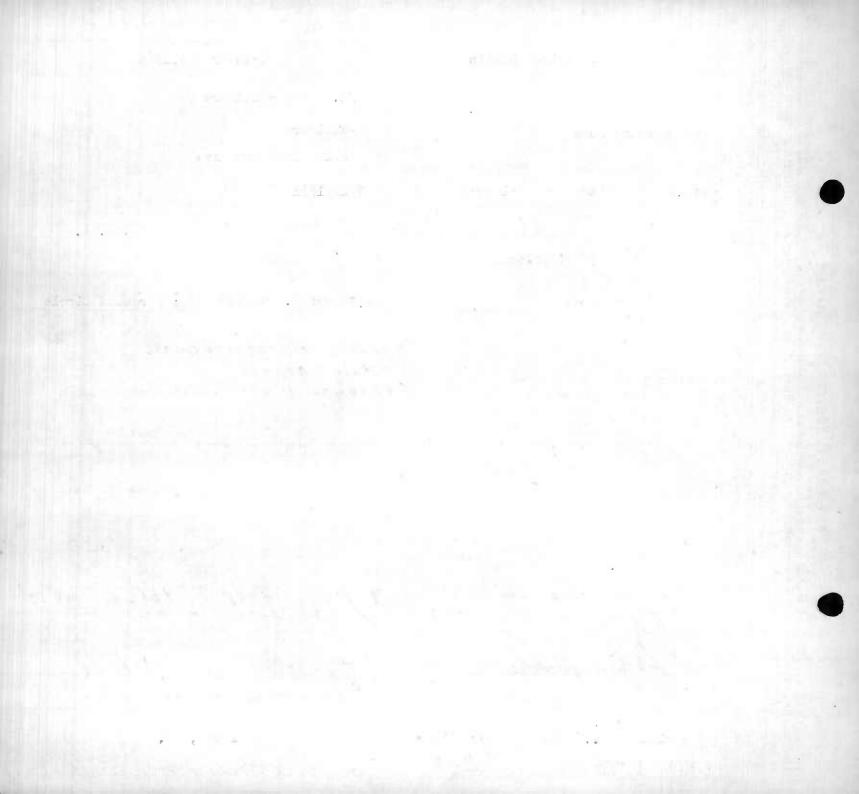
65-27638		Y HEALTH DEPARTMENT	
BIRTH NO. O) 1111	CERTIFICA	TE OF DEATH Registered No.	55 11152
M.E. CASE NO.		2. DATE AND HOUR OF DEATH	
Type or Print) steening	er, Baby 6	(0 - 0	1
PLACE OF DEATH IN BALTIMORE, MARYLAN	ID	4. USUAL RESIDENCE (Where deceosed)ived. If in: A. STATE 8. COUNTY	stitution: residence before odmissi
FULL NAME OF Of not in hospital or inst	titution, give street	MARYL MARYL	-AND Bulta
HOSPITAL OR oddress or location) NSTITUTION		C. CITY OR TOWN (If outside city limits, write R	(URAL and give township)
Sinas Has gita	I of Bullmore	D. STREET ADDRESS (If rurol, give location)	01-11
2 month (bar)		5009 Sunsey R	3.# 15
	ARRIED, NEVER MARRIED IDQWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 I Months Doys Hours Min
OA. USUAL OCCUPATION (Give kind of work 108, N	MO OF BUSINESS OR INDUSTRY		12. CITIZEN OF
one during most of working life, even if retired)		- Sinai Haspile	WHAT COUNTRY?
3. FATHER'S NAME	· ·	14. MOTHER'S MAIDEN NAME	000000
JOSEPH.	Steininger	Harriet Lu	stman
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of s	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Chart	
18.730 X I	CAUSE	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTL	Y	= about District	20600
(This does not meen the made of dying	q, e.q., DUE TO	Oct house 1000160	70 100
heart failure, asthenia, etc. It means the dinjury or camplicotian which coused death	disease,		
ANTECEDENT CAUSES	(8)		
DISEASES OR CONDITIONS, if any,	DUE TO		1.1.
uise to the above couse (A) stolin			
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 198. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in 8oltimore office bldg., INJURY OCCUR?	City, give exect locotion)
Q 21D. TIME (Month) (Doy) (Year) (Hor	ut) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi	le 🗌	
22. I certify that (this hospital) atte	anded the decensed from	U-23-6519 10 16-	75- 1969
		19 6 ond that in (my), (our) opin	
and hour and from the couses stated at			
23A. SIGNATURE	50 ve. (1) ("e) (did) (did iloi)	view the body offer death.	238. DATE SIGNED
A H Malue	M.D. At	tending Med. Stoff Phys.	16-25-65
23C.PHYSICIANS NAME (Type) A. H. MAHSOOF	ANI	TOM V BOXED OF MARY	LART BALT.
REMOVAL (Specify) 24B. DATE 1 19	24C. NAME of CEMETERA de ICE	EN ADOM I DUPE INCOCATION TELL (C)	(Stot
1401		OCC PROPERTY OF STREET	SUMUL
25A. NOV 1 1965 R.C. B	2 Tabley M.	25c MURTUARY SERVIC	E - BCHD
/S 150-REV. 1/1/65			



1 - 21 - 21 -	BALTIMORE CITY	HEALTH DEPARTMENT	65 11153
BIRTH NO. 65-2628265 11153	CERTIFICA	TE OF DEATH Registered No.	
M.E. CASE NO.	OBK THE TO	2. DATE AND HOUR OF DEATH	
Type or Print) Stansbury Bal	by Boy	18 14-65	ges 1
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceosed lived. If A. STATE B. COUNTY	institution: residence before odmission
FULL NAME OF (If not in hospital or institution, address or lecation)	give street	Md 13acto	
INSTITUTION		C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
C 11 . P	(1)	D. STREET ADDRESS (If rurel, give locotion)	
Divai Hosp. of De	et to, whi.	125 Clasendin	Clare
WIDOWE	D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lest birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Deys Heurs Min.
OA, USUAL OCCUPATION (Give kind of werk 108, KIND O		11. BIRTHPLACE (Stete er fereign ceuntry)	12. CITIZEN OF WHAT COUNTRY?
lene during mest of working tife, even if retired)		Mary land	L'SA
3. FATHERS NAME		14. MOTHERS MADEN NAME	
Carroll Makes	Hans bury	Linda Clark	
5, Was Decessed Ever in U. S. Armed Ferces? Yes, no or unknown) (If yes, give wor or detes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
入で	-		
18. 7 7 3 , 5 1	CAUSE C	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	D.	1.0	
(This does not mean the made of dying, e.g.	(A) I	spiratory tache	11/12 93 11/1
heart failure, asthenia, etc. It means the disease			
injury or complication which caused death.) ANTECEDENT CAUSES	18) true	matachy - 628 9	2.41
	DUE 10	,)
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the			
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION			
DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21	me, ferm, foctery, street, o	n er ebout 21 C. WHERE DID (If in Beltime Ifice bldg., INJURY OCCUR?	ere City, give exoct locetien)
M OF IN HIDY	E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
≥ (ABBBOY)	hile At Not Whi		
22. I certify that ((this haspital) attended			10/14/ 1961
that (1) (we) last saw the deceased alive an	/.		Inlan death occurred an the da
and haur and from the causes stated obave.			desir describe di ille de
23A. SIGNATURE	(6) (110) (010)	Traw The body offer death.	23B. DATE SIGNED /
Di Linea Josephan		ending Med. Stott Phys.	10/4/67
23 C. PHYSICIAN'S	(live Phy	23D. ADDRESS	
Side (Type)	M.D.	J'ANG TONESON BER RE	CALADVILAND
24A. BURIAL CREMATION, LATE 24C.N	NAME of CEMETERY of CR	EMATOR 24D LOCATION	City, town, or county) (State)
REMOVAL (Specify) NOTY 1 1865		JOHNS HOPKINS ME	DICAL SCHOOL
NOV 1 1965 P. O. T. E. S.	OF REGISTRAR	MORTUARY SERV	VICE - BCHD
110V 1 1303 (Except 2, 42	JUNEUL MA	J. J. J. J. L.	TIOL - DOMES

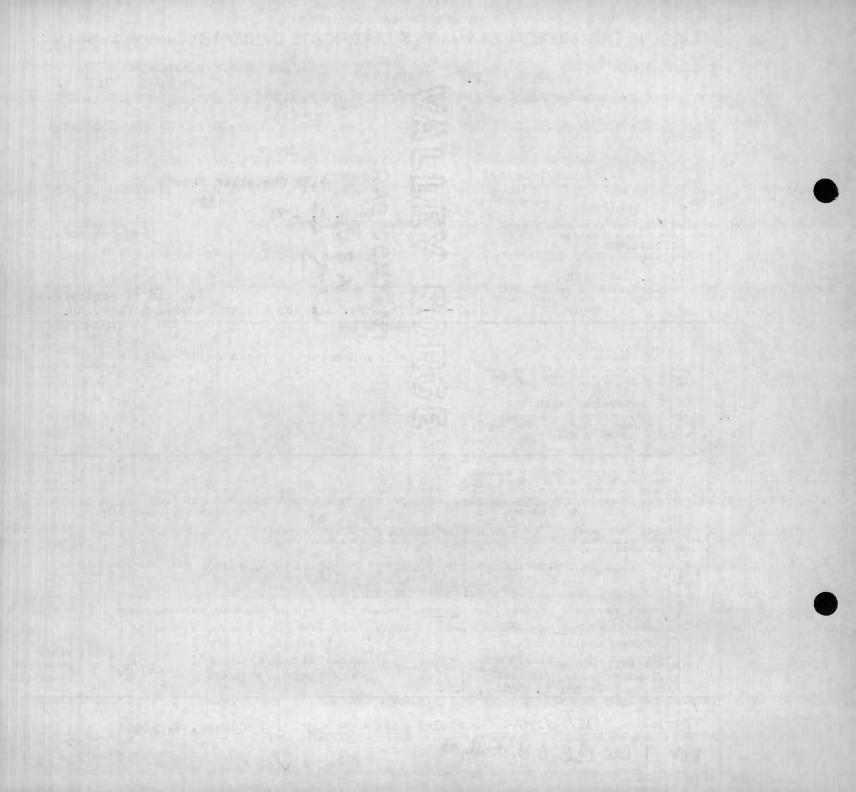
who will be the thirty yould will and grant 9.4.23 1 270 12 1 1 - yer - yerla - 1 -WEST PROPERTY AND VALUE OF THE PARTY OF THE

NAME OF D	ECEASED			12.	DATE AND HOUR OF DE	ATH
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PLACE OF	DEATH IN BALTIMORE, MA			4. USUAL RESIDEN		. If institution: residence before admi-
£111.1	0.5		at Vision C	Md.	Baltimore	
HOSPITAL O	R oddress or location		give street	C. CITY OR TOWN		write RURAIA and give township)
INSTITUTION				Baltimor		DX-74
nood N	rsing Home			D. STREET ADDRES		n)
				4710 I	artford Ave	
. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Months: Doys Hours M
emale	White	Wido	wed	7/10/1881	lost birthdoy)	Months Doys Hours M
OA. USUAL O	CUPATION (Give kind of work	108, KIND OF	BUSINESS OR INDUST			12. CITIZEN OF WHAT COUNTRY?
one during most Cler	of working life, even it retired)	Bon Sec	ours Hospita	Irela	ind	
3. FATHER'S N		DO11 000	out o Hoopt oa	14. MOTHER'S MAI		U.S.A.
		Coleman			nown	
W. D.			II 4 COCIAL			ADDRESS
	wn) (If yes, give wor or dote		SECURITY NO.	17. INFORMANT		ADDRESS
No	None			Mr. Thomas R	d. Gunning 90	03 Fordwood Circle
18. 4	2211		CAUSE	OF DEATH		INTERVAL BETWEEN
heart failuinjury or o	on of mean the mode of the constant of the con	the disease, death.)	DUE TO	REVIERL		1.640515
heart failuinjury or o	e, asthenia, etc. II means complication which caused ANTECEDENT CAUSES	ony, giving stating the	(B) (C) (C)	REVIERL	APLENTUSO	1.640515
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- 1 - 1 T	Sinai Hos	pital			3433 Univ	ersity Plac	e	
	nite	SIN	NEVER MARRIED	B. DATE OF	.917	9. AGE (In years last birthday)		Yr. If Under 24 Hrs Days Hours Min.
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(This does not mean heart failure, asthenia injury or complication	, etc. It means t	he disease,	(A) Mul	tiple Inj	uries	••••		
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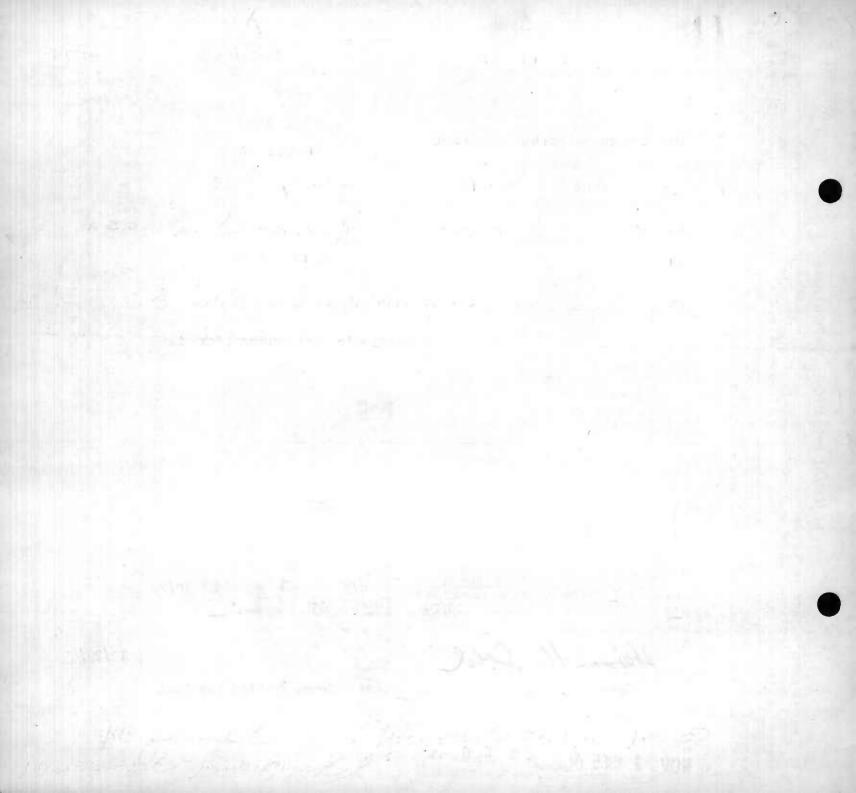
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ype ar Print)	Dora	Lee	Carlton		er 30, 1965	
PLACE OF	DEATH IN BALTI	MORE, MARYL		4. USUAL RESIDENCE (When	re deceased lived. If	institution: residence before admis
					1	12
HOSPITAL C	R oddres	in haspitot or i	nstitution, give street	Maryland	tside city limits, write	RURAL and give township)
INSTITUTION		A NY	U = 0.2	Baltimore		6
75		est Nurs			rural, give location)	
1		ney fun		107 Enfield	Road	12
SEX	6. RACE	ore, Mar	MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yi. If Under 24
Female	Whi	te	widowed (specify)	Oct. 29, 1871	94	Manths Days Hours M
	CCUPATION (Given of working life, ev		B, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or forei	ign country)	12. CITIZEN OF WHAT COUNTRY?
House		en a remoo,		Owenton, Ker	ntucky	
3. FATHER'S N				14. MOTHERS MAIDEN NA		
Wal to	r L. Lanc	aster		Effie Jane Wi	illhoit.	
			1 4 000141	17. INFORMANT		2299DDA E
es, na ar unkno	sed Ever in U. S awn) (If yes, give	war or dates a	service) SECURITY NO.			Enfield Rd.
			302-01-9807	Mr. James C. Mc	cGohan Bal	timore, Md. 12
18. 4/ =	20,11		CAUS	OF DEATH		INTERVAL BETWEEN
DIS	EASE OR CON		TLY			
	LEADING 1	O DEATH	Ar	TANIAGALANATIA	-Orberco	10 yrs.
			(A)	CELTOSCIELOCIC	Cal ulu-	
	s nat mean the		ring, e.g., DUE TO	teriosclerotic vascular disea	ase	
heart failu	s nat mean the ne, asthenia, et camplication wh	c. It means the	e disease,	vascular disea	ase	
heart failu	ne, asthenia, et camplication wh	c. It means the nich caused de	e disease, eath.)	vascular disea	ase	
heart failu injury ar	ne, aslhenia, et camplication wh ANTECEDEN	c. It means the nich caused de IT CAUSES	e disease, (ath.) (B)	vascular disea	ase	
heart failu injury ar	ne, asthenia, et camplication wh	c. It means the nich caused de IT CAUSES IONS, if any	e disease, rath.) (B) DUE TO	vascular disea		
heart failu injury ar	ne, aslhenia, et camplication wh ANTECEDEN OR CONDIT	c. It means the nich caused de IT CAUSES IONS, if any cause (A) st	e disease, rath.) (B) DUE TO			
heart failu injury ar	ANTECEDEN OR CONDIT	c. It means the nich caused de IT CAUSES IONS, if any cause (A) st	e disease, rath.) (B) DUE TO			
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DISEASES rise la UNDERLY OTHER SI TO THE DISEASE 119A. DATE	ANTECEDEN OR CONDITION OR CONDITION OR CONDITION OR CONDITION OR CONDITION OR CONDITION OF OPERATION	c. It means the caused de IT CAUSES IONS, if any cause (A) st ON last. NOT RELATE CAUSING IT. 198. CONDIT WAS PERFOR	of disease, (ath.) (B) DUE TO (r) giving aling the (C) NTRIBUTING D TO THE	20A. AUTOPSY? (Yes or No	D) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
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NOOLEY OTHER SI TO THE DISEASE TISE IN UNDERLY OTHER SI TO THE DISEASE TIPA. DATE OR CONTIDEATH (IN TORROW) 21 D. TIME (APPROX.) 22. I cert that (I) (I) ond hour 23A. SIGN.	ANTECEDEN OR CONDITI The abave of ING CONDITION OF OPERATION DEATH BUT OR CONDITION OF OPERATION (Manth) (E) ify that (I) (+) we) lost sow the ond from the control of the condition of	c. It means the inch caused de IT CAUSES IONS, if any cause (A) st ON last. NOT RELATE (AUSING IT. 198. CONDIT WAS PERFORMING IT. Opy) (Yeor) (is he spital) of the deceased of couses stoted	ATRIBUTING DIE TO TO THE TO THE TO THE TO THE TO THE TO THE 218. PLACE OF INJURY (e hame, farm, factory, stree etc.) While At Work Ottended the deceosed from olive on October obove. (I) (We) (did) (did work) Sour Low	20A. AUTOPSY? (Yes or No	OD 208. IF YES, WER IN CERTIFYING COUR? IURY OCCUR? 19 55 to Onot In (my) (our) o	e findings considered causes of death? are City, give exact location)
DISEASES rise to UNDERLY OTHER SI TO THE DISEASE 19A. DATE 21A. ACCIONO 22A. BURIAL 23C. PHYSI NAM	ANTECEDEN OR CONDITION Ihe above of the ab	c. It means the inch caused de IT CAUSES IONS, if any cause (A) st ON last. NOT RELATE (AUSING IT. 198. CONDIT WAS PERFORMING IT. Opy) (Yeor) (is he spital) of the deceased of couses stoted	ATRIBUTING D TO THE TION FOR WHICH OPERATION (MED 218. PLACE OF INJURY(e. hame, farm, factory, stree etc.) While At Nat Work Ottended the deceosed from colive on October Obove. (I) (We) (did) (did as	20A. AUTOPSY? (Yes or No	208. IF YES, WER IN CERTIFYING COURT OCCUR? 19 55 to Ont In (my) (our) of In (my) (our) our) of In (my) (our) our) of In (my) (our) our) of In (my) (our) our of In (my) (our)	e findings considered causes of death? are City, give exact location)
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Wm. L. Jakner &

VS 150-REV. 1/1/65

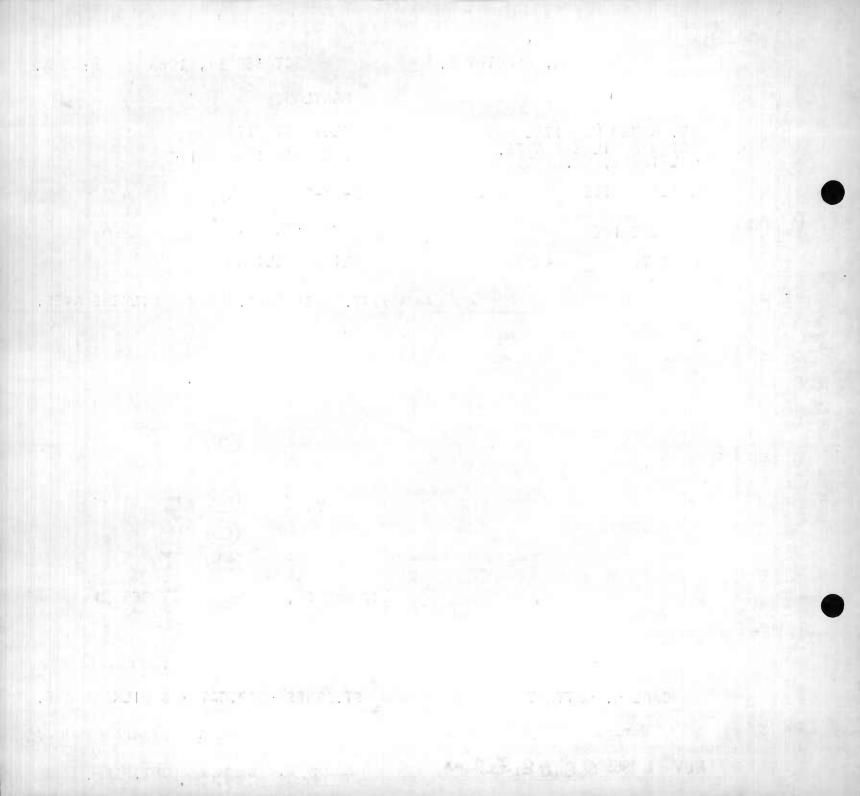


	65 111.	50	BALTIMORE CITY	HEALTH DEPARTMEN	V	0= 11121	
BIRTH NO.	OU TITE) 3	CERTIFICA	TE OF DEATI	H Registered No	·· 65 11159	
N.E. CASE NO.	CEASED			2. DAT	E AND HOUR OF DEAT	Н	
Type or Print)	IRV	IN PAT	Ε	1	0/29/65	4:00 P	
. PLACE OF DI	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission A. STATE B. COUNTY			
				C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
HOSPITAL OR	OF (II not in hospital oddress or location		ave street				
INSTITUTION				FEDERALSBURG 45-00			
2 THE	JOHNS HOPKI	NS Hos	PITAL	D. STREET ADDRESS (If rurol, give locotion)			
)				3 BRIDGES	ROAD		
SEX	SEX 6. RACE 7. MARRIED, NEVER MARRIED			B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under lost birthgloy) Months; Doys Hours;			
MALE	NEGRO	MARK	DIVORCED (specify)	8-15-02	lost birthdoys	Months Doys Hours Min.	
	CUPATION (Give kind of world	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF	
one during most o	of working life, even if retired)			has 1/		WHAT COUNTRY?	
CATUETTE NA	700	~	re	14. MOTHERS MAIDEN NAME			
3. FATHER'S NA	ALAI E						
OTIS				MUNSIE N	ULEM		
5. Was Deceased Ever in U. S. Armed Forces? [es,no ar unknown](If yes, give war or dates of service) 16. SOCIAL SECURITY NO.				17. INFORMANT		ADDRESS	
				m_ 2 8	Rat -	A dender N	
18. 2 0	4-11		214-16-475"	F DEATH	en vive	INTERVAL BETWEEN	
DISE	ASE OR CONDITION DI	DECTIV				ONSET AND DEATH	
DISEA	LEADING TO DEATH	RECILI	Ch	ronic myeloge	nous leukemia	a.	
	nat mean the mode of		DUE TO			02020202020	
	e, asthenia, etc. It means implication which coused						
,,	ANTECEDENT CAUSES		(B)				
DISEASES			DUE TO				
	OR CONDITIONS, if the above cause (A)		(C)				
UNDERLYIN	NG CONDITION last.		unt8888 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	889999			
	DEATH BUT NOT RELA						
	R CONDITION CAUSING	IT.		100.4	N. V. 008		
19A. DATE C	OF OPERATION 198. CON		VHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
		100-	NACE OF LIVE	120	ID (III) - P (II	Circuit and I among the second	
OR CONTRI	ENT WAS UNDERLYING DEBUTING CAUSE OF	hom	PLACE OF INJURY (e.g., i e, form, foctory, street, o	ffice bldg., INJURY OCCU	R?	nore City, give exact location)	
	ly medical examiner)	etc.					
21 D. TIME	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?		
OF INJURY			While At Not While Work At Work				
				0/8	10 65 . 10	129 65	
	y that (1) (this hospita			1	17 10		
that_(I) (we	e) last saw the decease	ed alive an	T0/29	19 65 an	nd that in (my) (aur) o	apinian death accurred an the d	
and have a	nd fram the causes sta	ted abave. () (We) (did) (did nat) v	riew the bady after de	ath.		
23A. SIGNAT	TURE /	1 1	00			23B, DATE SIGNED	
1	terman 11	· la	M.D. Att.	ending Med. S. Director	Stoff Phys.	10/29/65	
23C. PHYSIC	IAN'S			23D. ADDRESS			
NAME	Typ Herman K. G	old	M.D.		pkins Hospit	al	
4A. BURIAL CI REMOVAL	REMATION, 24B. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 24	LOCATION	(City, lown, or county) (Stote)	
Bur	1 1 - 1	45 3	Juff, Karaba	Cametree	Tederolas	weg, Md.	
SA. DATE REC'	1 1965 R.C.	258. NAMP	OF FEGISTRAR	25C. FUNERAL DIRE	CTOR	ADDRESS	
NOV	1 1965 Oble	DE. 30	Moen	Jaring .	- mangelled I	Debrahemes his	
(S 150-REV. 1/1	1/65	1			-	9	



-1	22
IMPORTANT	pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the ; and (6) No physician was in regular attendance on the deceased prior to death. Such obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

65 11160		HEALTH DEPARTMENT	Registered No.	65 11160	
M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No		
1. NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH		
HUFFMAN, DOI	ROTHY A.	OCTOB	ER 31, 196	5 8:00 A. M.	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE B, COUNTY			
FULL NAME OF (If not in hospitol or institu HOSPITAL OR oddress or location)	ition, give street	MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
7) ST. AGNES HOSPITAL		ELLICOTT CITY 63-00			
CATON & WILKENS AVES		D. STREET ADDRESS (If rurol, give location) 1117 CARRIGAN DRIVE			
BALTIMORE, MD. # 29	•				
FEMALE WHITE 7. MAI	B. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 3-14-20 45				
10A, USUAL OCCUPATION (Give kind of work 108, KINdone during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
HOUSEWIFE		PENNSYLVA	NIA	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
ROBERT DEAN		ALICE SULLIVAN			
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT ADDRESS			
(Yes, no or unknown) (If yes, give wor or dotes of ser	vice) SECURITY NO.	ST.AGNES HOSP.CATON & WILKENS AVES.			
			P. CATON &		
18. 170 X I	CAUSE O	F DEATH		ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	1 1.	- Witat	11 11	
(This does not mean the made of dying,	e.g., DUE TO L	Live - Less on guineous & soph	< > > 10 (c)	16 111MThs	
hearl failure, asthenia, etc. It meons the dis injury or complication which caused death.)	ease, 76	Line . Less a	+ blood due		
ANTECEDENT CAUSES	(B)	inguineous esopr	MARKICE	S .	
	DUE TO		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating					
UNDERLYING CONDITION Iosi.	(0 /		***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIB					
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in		(If in Boltimore	City, give exact location)	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?			
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?				
(APPROX.)	White At Not While Work At Work	e 🗌			
22. I certify that (I) (this hospital) atten-			OGE . OCT	OPED 21 10 65	
that (I) (we) last sow the deceased alive	OCTOBER 31				
			of In(my) (our) opin	ion deoth occurred on the date	
ond hour and from the couses stated aba	ve. (I) (We) (did) (did not) v	iew the bady ofter deoth.	and the war or		
23A. SIGNATURE	1	- F	e. "	23B. DATE SIGNED	
Warl to	M.D. Atte	s. Med. Director	Stoff Phys.	0 ct. 31,19	
23C. PHYSICIAN'S NAME (Tyge)		23D. ADDRESS			
CARL H. MATTHEY	M.D.	ST.AGNES HO	SP.CATTON &	WILKENS AVE.	
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City	, town, or county) (State)	
REMOVAL Georgy 1 11/376	Bealah Cemet	ery Ch	urchill, A	llegheny Co. P.	
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS	
NOV 1 1965 P.O. A 2	Farber MA	Harry H. Wi		ol.Pike.	



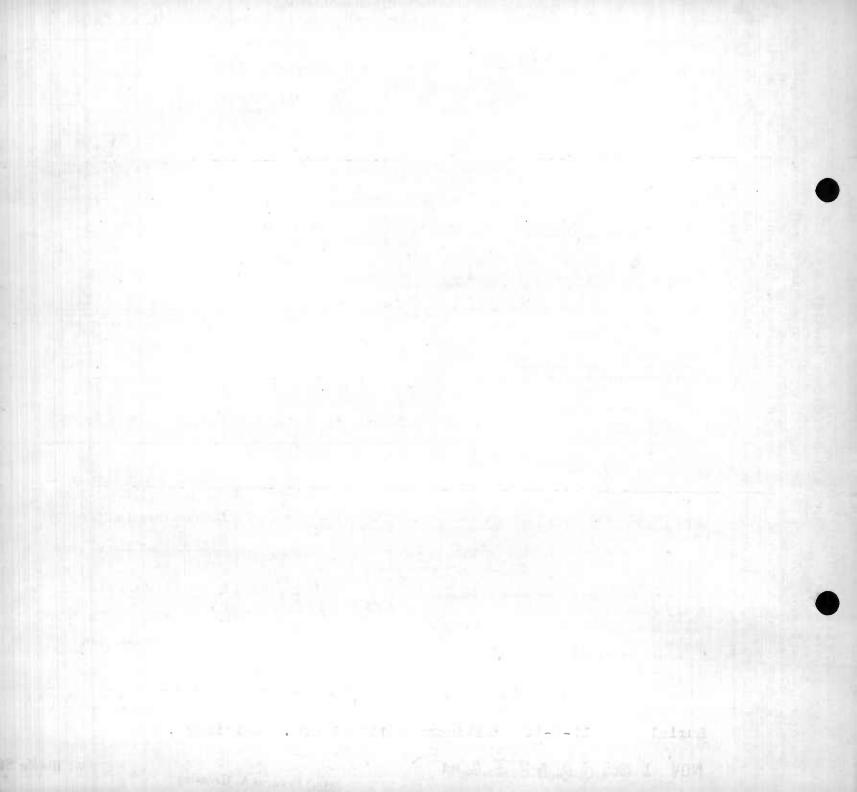
IMPORTAN

DIRECTOR:

FUNERAL

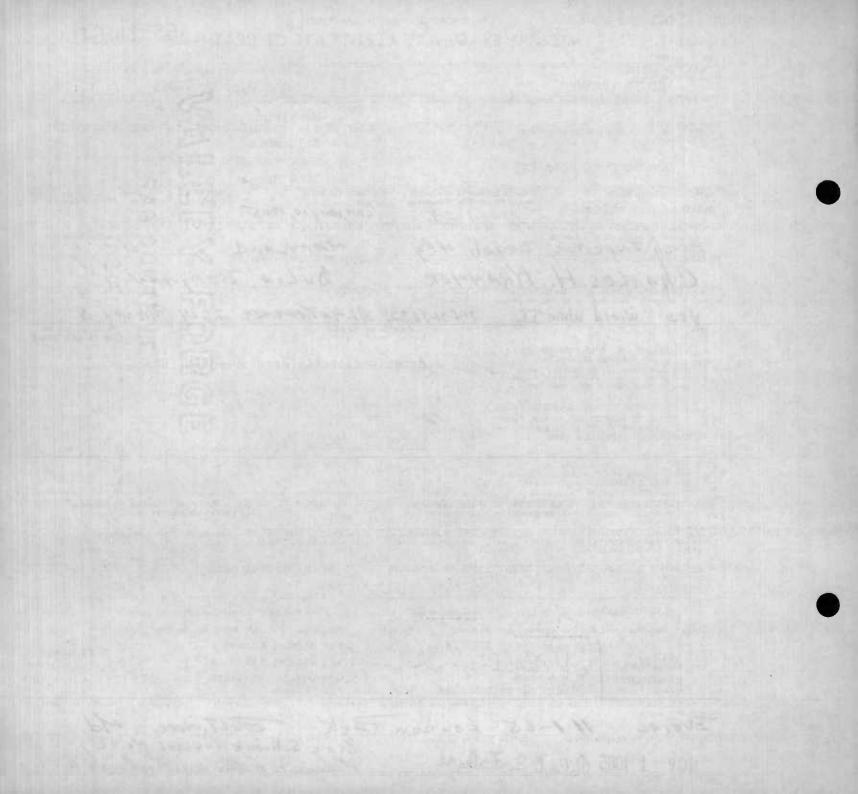
BALTIMORE CITY HEALTH DEPARTMENT





K-656

BIRTH NO.	MED	ICAL EX	CAMINER'S CI	ERTIFICATE OF I	DEATH Registe	Ped NJ. 1164
M.E. CASE NO.						
1. NAME OF D	ECEASED			2. DATE AN	D HOUR PRONOUNC	ED DEAD
ED	WIN KRAMMER				Oct. 29, 196	55 10:28 P _M .
3. PLACE IN BA	LTIMORE, MARYLAND, V	VHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where		itution: residence before odmission)
FULL NAME OF	UE NOT IN HOSPIT	AL OF INSTITU	TION CIVE STREET	Maryland		
HOSPITAL OR	ADDRESS OR LOC	ATION)	THON, GIVE STREET	C. CITY OR TOWN (If autsid	e carparate limits, write	RURAL and give tawnship)
NOITUTITE				Baltimore	e	74-03
Bon	Secours Hosp	ital		D. STREET ADDRESS (If rural,		
				2014 Rams		
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost by hodoy)	Months, Doys, Hours, Min.
male	white	MAI	PRIEL	JAN 4ARY 10, 1905		
	CUPATION (Give kind of wor	THOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF
	f warking life, even if retired) INSPECTOR	BRUS	1. 110.	MARYLAN		WHAT COUNTRY?
13, FATHER'S NA		10103	n 719.	14. MOTHER'S MAJDEN NAM	E	19.3.17.
11	1 1	1		Χ / · ·	~	
Cha	PALES H.		MMCR	NYLIA	BERGY	AN
	SED EVER IN U.S. ARMEI		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	1 / 1 1 1		21./015/00	ALMA KANME	e 2111/	PAMSAY ST
1/63	WORLD WAR		214-01-8632		1. 0201911	
7. 4. 2	211		CAUSE	OF DEATH		ONSET AND DEATH
DISE	ASE OR CONDITION D	IRECTLY				The State of the S
	LEADING TO DEAT		(A) Arteri	iosclerotic card	iovascular d	lisease
(This does heart failur	not mean the made o re, asthenia, etc. It meon complication which caused	f dying, e.g.,	DUE TO		n	
injury or c	complication which caused	death.)				
	ANTECENDENT CAUS	EC				
	OR CONDITIONS, IF		(B)			
RISE TO T	HE ABOVE CAUSE (A) S	TATING THE	DOE 10			
	ING CONDITION LAST.		(C)			
OTHER SIGN TO THE			10/		••••••	
\$		CONTRIBUTION	10			
O THE	GNIFICANT CONDITIONS DEATH BUT NOT RE	ELATED TO T	HE			THE REPORT OF
	OR CONDITION CAUSIN	G IT.				
	F OPERATION 198, CON	NDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or Na)		
00	WAS LEI	KPOKMED		No	IN CERTIFYING CAU	SES OF DEATH!
	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in ar obaut 21C. WHERE DID	(If in Baltimare City, gi	ve exact lacation)
O UTING CA	OR CONTRIB-	hame,	, form, factory, street, a	lfice bldg., INJURY OCCUR?		
4	OI OI DEATH					
21 D TIME OF INJURY	(Month) (Doy) (Yes	or) (Hour) 2	1 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)		v	VHILE AT NOT	WHILE		
22.		·				
	ertify that I held an		Inspection X Aut	apsy and that an thi	is basis, death in n	ny apinian
rest	ulted fram: Natural co	uses X A	coldent Suicide	e Hamicide 🗌 🛚 👢	Indetermined manne	er 🗌
	1777	7		CHIEF MEDICAL EX	AMINER	
ACTUA	AL /M	MIH	1, (()			DATE SIGNED
SIGNA		1000	usuce M.D.	ASSISTANT MEDICAL EX		10 00 65
	(Type) Rudige	r Breite	enecker, M.D.	ASSOCIATE MEDICAL EX	XAMINER _	10-29-65
23A. BURIAL CR	EMATION, 23B. DATE		C. NAME OF CEMETERY O	r CREMATORY 23D. L	OCATION (City,	, tawn, ar county) (Stote)
REMOVAL (Spec		1	/ 1/ -	DUL	217	111
BURIA		-65	rongon.	TARK. IL	DALIMORE	Md.
24A. DATE REC'I	D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL DIRECTOR	abituNERS.	L HOADDRESS
NOV	1 10CE A A	e o T	D. 44	60 6.0010	· al	00:10
NUV	1 1965 R.C.	DE. 30	WORLINA .	Francis H. M	uller 21011	rudench live.
VS 151-REV. 1/1			ST ST ST ST ST			



VS 150-REV. 1/1/65

65 11165	TIFICATE OF DEATH Registered No. 11165
NAME OF DECEASED Agres 7. Riesett	2. Date and Hour of Death October 31, 1965
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission
FULL NAME OF (If not in hospital or institution, give street	A. STATE B. COUNTY
HOSPITAL OR oddress or locotion)	C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore
3105 Rueckert Avenue	D. STREET ADDRESS (If rurol, give locotion) 3105 Rueckert Avenue
Female White 7. MARRIED, NEVER MAR WIDOWED, DIVORCED	
DA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS Of poed during most of working life, even if retired) (ashier Retired	Maryland 12. Gitizen Of WHAT COUNTRY?
B. FATHERS NAME	14. MOTHER'S MAIDEN NAME
Joseph V. Riesett	Johanna Gundina
i. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service) 21607	
18. 2/ 2 0 1 1	CAUSE OF DEATH INTERVAL BETWEEN
DISEASES OR CONDITIONS, if ony, giving	(A) Acule procendent infanction 1/2 an DUE TO OUE TO OUE TO
UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	(c) un su ci anim 13 fil
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERA WAS PERFORMED	ATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN	NJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) orly, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCC OF INJURY (APPROX.) While At Work	CURRED 21F. HOW DID INJURY OCCUR? Not While At Work
22. I certify that (I) (this hospital) attended the deceased that (I) (we) last saw the deceased alive an	d from/ 19 3 ta 10/3/19 6 D 3 and that in (my) (aur) apinian death occurred an the d
and hour and fram the causes stated abave. (1) (We) (did)	
	23B. DATE SIGNED
23A. SIGNATURE Marwel Fildman	M.D. Attending Med. Stoff Phys.
	M.D. Attending Med. Stoff
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMI REMOVAL (Specify)	M.D. Attending Med. Stoff Phys. 23 D. ADDRESS

2 mg/20 mg 1990.00 to an investment lesson. The many and the bases and the star and the 5-436

11 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.11166

	ICAL EX	CAMINER'S CI	ERTIFICA	IE OF D	EAIH Register	éd No.	
A.E. CASE NO. NAME OF DECEASED				2 DATE AND	HOUR PRONOUNCE	D DEAD	
Type or Print) CHARLOT	TE J.	SCHLUDERBE	RG	2. DATE AND	10/30	165	5.1.5 n
PLACE IN BALTIMORE MARYLAND,			4. USUAL RESI	DENCE (Where de	eceosed lived. If insti	lution: reside	nce before odmission)
		A. STATE	rvland	8. COU	NTY		
LL NAME OF (IF NOT IN HOSPI DSPITAL OR ADDRESS OR LOC STITUTION		JTION, GIVE STREET			corporate limits, write	RURAL ond	give township)
THO HON			Ba:	ltimore	d	1-	10
Ilmi on Monani a	7	-2	D. STREET ADD	ORESS (If rurol, g	ive location)		
Union Memoria			20	212 Glend	ale Ave.	17/11	
female white		NEVER MARRIED DIVORGED (specify) WE.C.	2/16/1	_	9. AGE (In years lost birthday)		Yr. If Under 24 Hrs.
N. USUAL OCCUPATION (Give kind of working life, even if retired) TIOUS EUL. TE		F BUSINESS OR INDUSTRY		(State or foreign	country)	12. CITIZEN WHAT	COUNTRY?
FATHER'S NAME	_		14. MOTHER'S A				
Charles E. Oser	rburg		Minni	e Zastr	ow		
WAS DECEASED EVER IN U.S. ARME s, no or unknown) (If yes, give wor or do		SECURITY NO.	Mrs. P	hullis	Carter, Ne	OPDRESS &	· Anthony
18. // 0 0 /		CAUSE	OF DEATH	7		11	NTERVAL BETWEEN
DISEASE OR CONDITION E	DIRECTLY					100	NSET AND DEATH
LEADING TO DEAT	of dvina e.a.	Arterio DUE TO	sclerotic	cardiov	ascular dis	ease	********************
heart failure, asthenia, etc. It mean injury or complication which caused	is the diseose,	DUE 10				15.5	
DISEASES OR CONDITIONS, IF		(8) DUE TO					
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST	STATING THE	505 10					
		(C)					
II .							
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN	ELATED TO T						
	NDITION FOR	WHICH OPERATION	20A. AUTOPS		B. IF YES, WERE FIN CERTIFYING CAUS		
21 A. EXTERNAL CAUSE WAS	218.	PLACE OF INJURY (e.g., i	in or obout 21 C.	WHERE DID (II	in Boltimore City, giv	e exoct loca	otion)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	etc.)	, form, foctory, street, o	mce oldg., INJUI	IT OCCUR?			
21 D TIME (Month) (Doy) (Ye	or) (Hour) 2	TE. INJURY OCCURRED	21 F. H	OW DID INJUR	Y O CCUR?		
OF INJURY (APPROX.)	m. V	WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE ORK				
22. I certify that I held an		. 🗀		nd that on this	basis, death in m	v oninion	
resulted fram: Natural c	(B)	Accident Suicide			datermined monne	Lund	
resorted from: National C	uuses ,	Cerdent _ Soicide		MEDICAL EXA			
ACTUAL LOPE	10	5-1	ASSISTANT A				DATE SIGNED
SIGNATURE AND HE	500,	SM.D.		MEDICAL EXA		10/3	1/65
EXAMINER'S NAME (Type) Werner	J. Spitz	. M. D.	ASSOCIATE	MEDICAL EXA	MINICK _	1.075	1/0)
A. BURIAL CREMATION, 238. DATE		C. NAME of CEMETERY o	CREMATORY	23 D. LO	CATION (City,	town, or cou	unty) (Stote)
Burial 11/3	3/65	Loudon Park	Como	0	Lto., Md.		
A. DATE REC'D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNE	RAL DIRECTOR	0 1 0	5305	Harford 1
NOV 1 1965 A P.	483	a Owned	Leon	ard J. 1	ruck, Inc.	Balt	Marford 1
151-REV. 1/1/65	ed C. Y			1 1 1			

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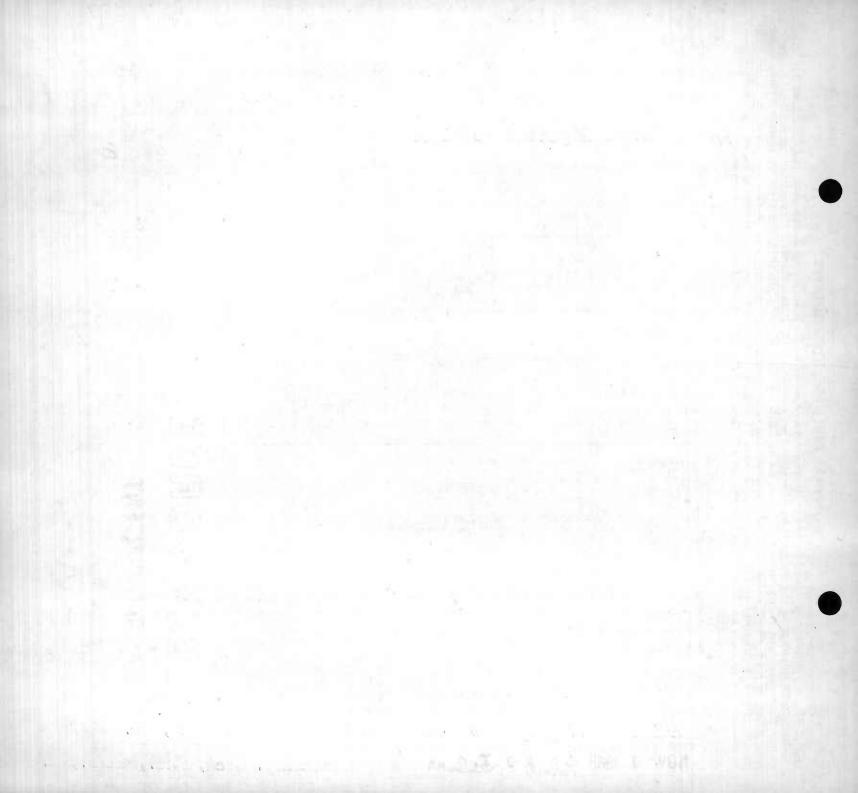
2. DATE AND HOUR OF DEATH DENCE (Where deceased lived. If institution: residence before B. COUNTY (If outside city limits, write RURAL and give township) (If rural, give logation) 10 9. AGE (In years If Under 1 Yr. Months Doys If Under 24 Hrs. birthdox Hours 12. CITIZEN OF WHAT COUNTRY? LACE (State or foreign country) ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 F. HOW DID INJURY OCCUR? ...and that in () (aur) aplnian death accurred on the date VS 150-REV. 1/1/65

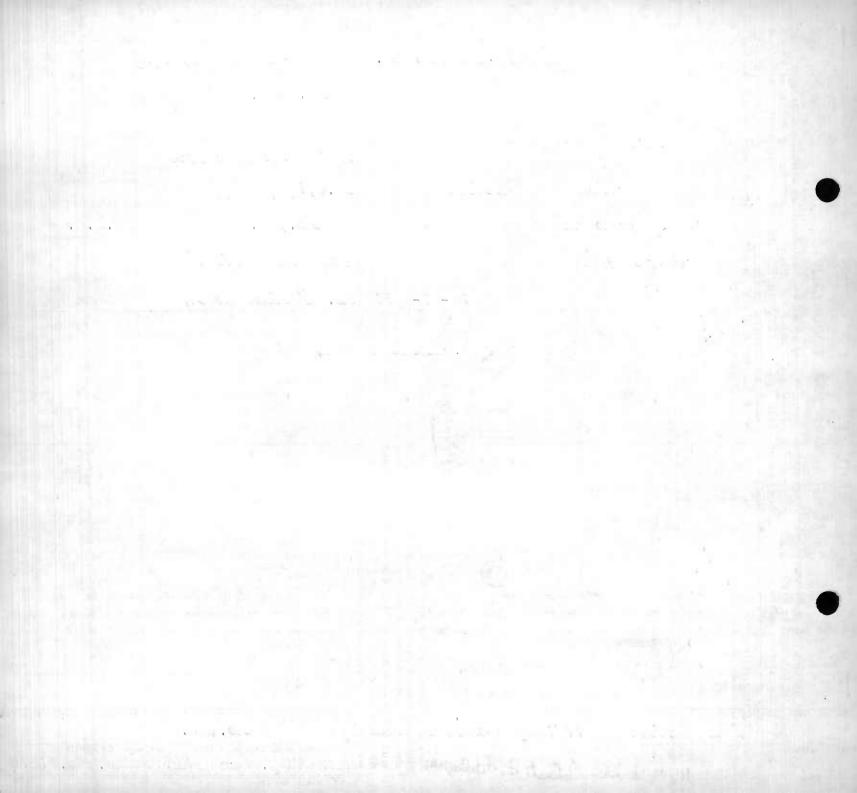
IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

Registered Na.

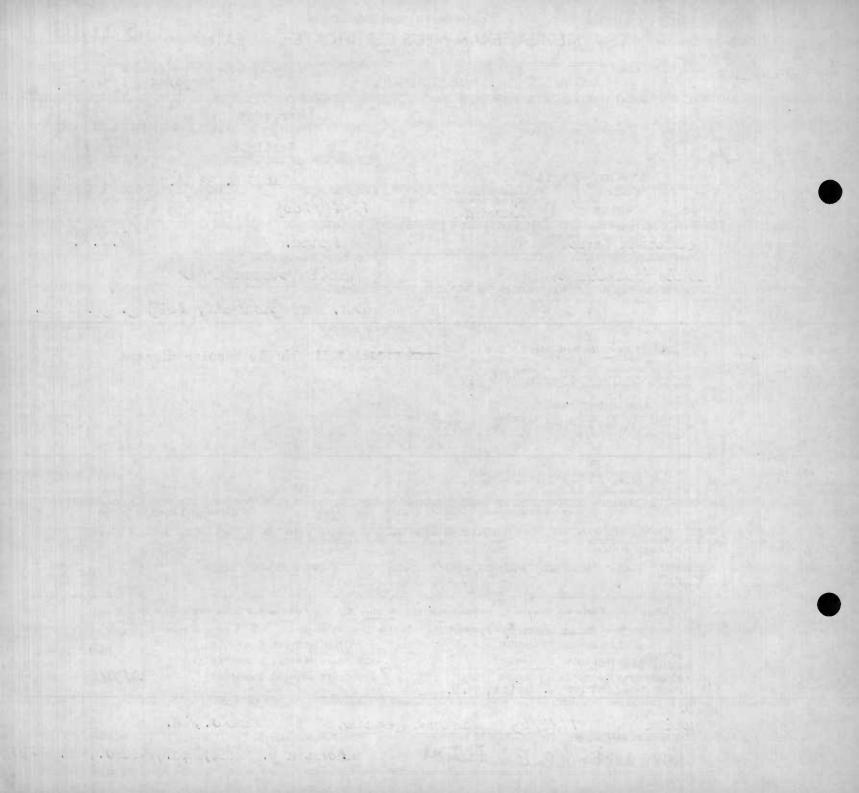




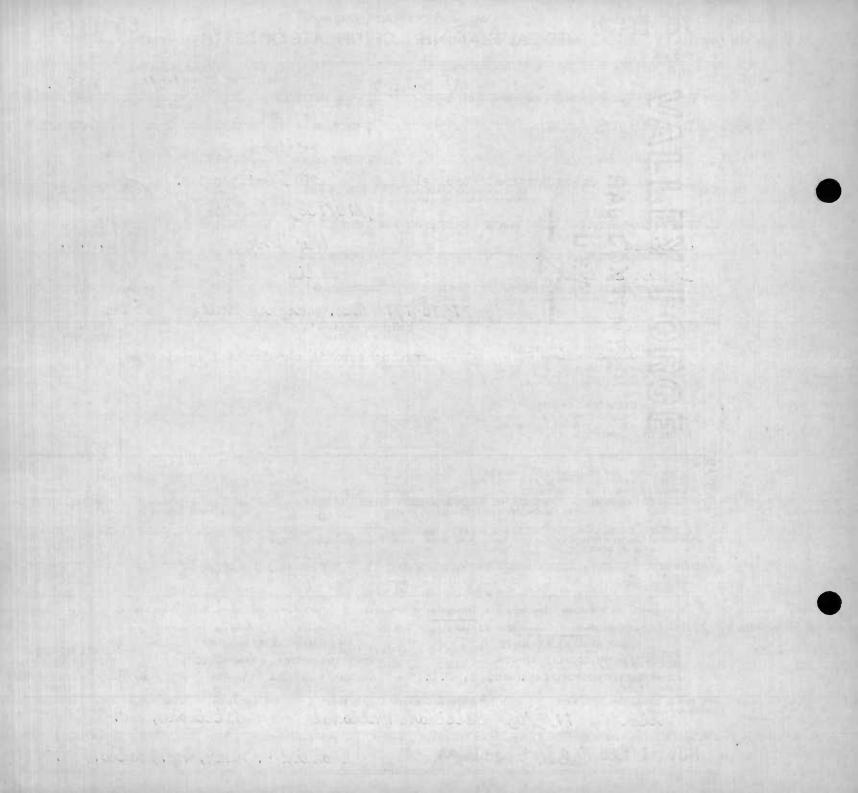
65 11169

BALLIMORE CITY HEALTH DEPARTMENT	111-	11100
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Regi	stered No	11168

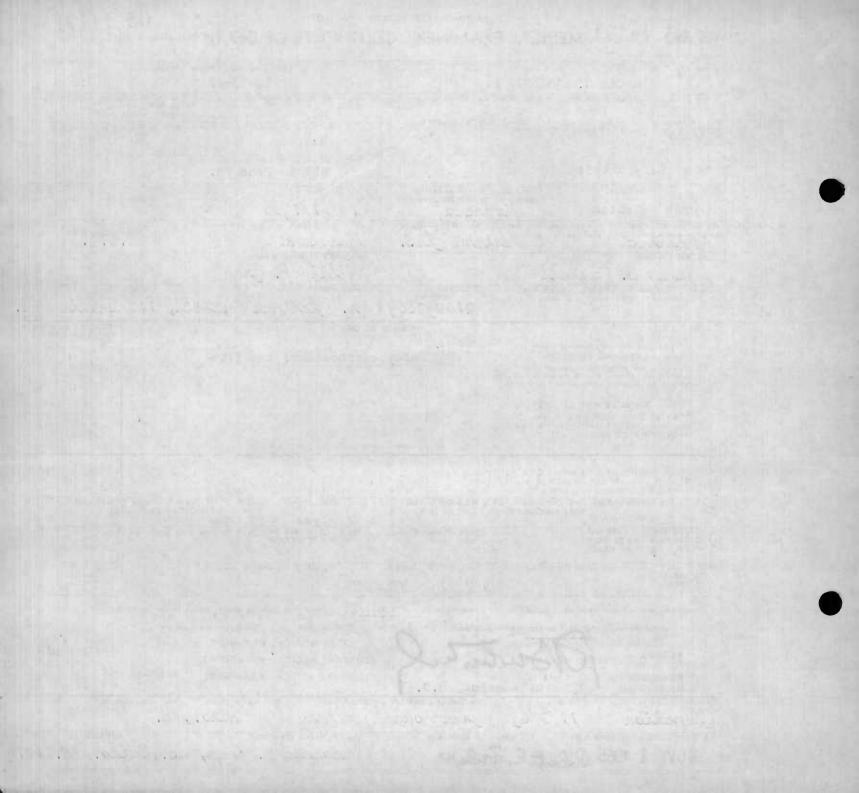
NAME OF S	CEACED						
NAME OF DE	CHARL	FS A.	HASSLINGER		2. DATE AN	10/29/6	
PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUA	L RESIDENCE (Where	deceased lived. If insti	tution: residence before odmission
				A. STAT	Maryla		
JLL NAME OF	ADDRESS OR LOCA	AL OR INSTITU	THON, GIVE STREET	C. CITY	OR TOWN (If outside	e carparate limits, write	RURAL and give township)
NOITUTITE					Baltin	nore	7-26
3				D. STREE	T ADDRESS (If rurol,	give location)	
I	Hopkins Hospi	tal			182	3 E. 33 St.	
SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE	OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
male	white	Widow	ed		14/1885	79	
nerduring most of	UPATION (Give kind of work working life even if retired) ant when	IN KIND OF	BOZINEZZ OK INDOZIKA	III. BIKIM	Penna.	in country)	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAM		1		14. MOTH	ER'S MAIDEN NAMI	<u> </u>	
	Hasslinger				tie Kurch	enberger	
	ED EVER IN U.S. ARMED		16, SO CIAL SECURITY NO.	17, INFOR		1	ADDRESS
				Mrs	. May (ro	ckett, 182	?3 E. 33rd St.
1B. 4/	21/1		CAUSE	OF DEA	тн		INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY	Artenio	reclea	otio condic	vascular di	
(This does	not mean the mode of	dvina e.a.	(A)DUE TO				
injury or co	, asthenia, etc. It means mplication which caused	the disease, death.)					
OTHER SIGN TO THE DISEASE O	II INIFICANT CONDITIONS DEATH BUT NOT REI IR CONDITION CAUSING	ATED TO THE	HE	20 A. A	UTOPSY? (Yes or No)	208. IF YES, WERE FII	NDINGS CONSIDERED
12	WAS PERI	FORMED			yes	IN CERTIFYING CAU	SES OF DEATH?
UNDERLYING DEAU	L CAUSE WAS DOR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, factory, street, a	in or obou	23 C. WHERE DID INJURY OCCUR?	llf in Boltimore City, gi	ve exoct location)
21 D TIME OF INJURY	(Month) (Doy) (Year	Hourl 2	E. INJURY OCCURRED		21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)		w V	HILE AT NOT	WHILE			
22.							
	tify that I held an I			opsy X		s basis, death in m	
resul	Ited fram: Natural cau	ses A	ccident Sulcide			Indetermined manne	or
ACTUAL	1 .		6		IEF MEDICAL EX		DATE SIGNED
		711.	Graf M.D.	ASSIST	ANT MEDICAL EX	AMINER	
SIGNAT			1	ASSOCI	ATE MEDICAL EX	AMINER	70/20//
SIGNAT	NER'S Werner U.	Spitz,	M. D.				10/30/65
SIGNAT EXAMIN NAME (Type) Werner U.		M. D. C. NAME OF CEMETERY		ORY 23 D. L		town, or county) (Stote)
SIGNAT EXAMIN NAME (1 BA. BURIAL CRE. EMOVAL (Specifi Burial	Type) Werner U. MATION, 238, DATE y) 11/2			r CREMAT	y B		town, or county) (Stote)
SIGNAT EXAMIN NAME (A. BURIAL CRE. EMOVAL (Specification)	Type) Werner U. MATION, 23B. DATE y) 11/2 BY HEALTH DEPT.	2/65 230 2/85 NAME	Oaklawn Cer Of REGISTRAR	r CREMAT	FUNERAL DIRECTOR	ocation (city, Balto., Md.	town, or county) (Stote) ADDRESS
SIGNAT EXAMIN NAME (A. BURIAL CRE. MOVAL (Specifi Burial	Type) Werner U. MATION, 23B. DATE 1 1/2 BY HEALTH DEPT. 1 1965 Q.C.	2/65 230 2/85 NAME	Oaklawn Cer Of REGISTRAR	r CREMAT	FUNERAL DIRECTOR	ocation (city, Balto., Md.	town, or county) (Stote)



	CASE NO.								
. N	AME OF DEC	EASED		A		2. DATE AND	HOUR PRONOUNCE	A	
			THEO		ATZ		10/30	, , ,	M.
. PL	ACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD			oceosed lived. If inst B. COU	itution: residence belore JNTY	odmission)
	NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET		ryland	comorata limita vuita	RURAL and give towns	(hin)
OS	PITAL OR ITUTION	ADDRESS OR LOCA	(TION)				corporote airiis, wife	NO DE ONO GIVE IOWIN	mp/
						ltimore		200	
I.					D. STREET ADDR	_			
				Hospital	B. DATE OF BIRTH		lton Ave.	111 H-4-13 V 16 H-4	24.11
. SE	iA .	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	0=	9. AGE (In years last birthday)	Manths Days Hour	
	male	white			9/10/18	85	80		
		PATION (Give kind of work vorking lile, even if relired)	TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	country)	12. CITIZEN OF WHAT/GOUNTRY	
	Ketir	ed			Nei	w York		U.S.A	
. F.	ATHER'S NAM	11 0			14. MOTHER'S MA	AIDEN NAME	2		53.0
	trede	rick Bratz			Hmal	ia.			
		D EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT	5 3 L K	4-1-19-5	ADDRESS	
	0. 0	, v.s, g wor or dole	0. 90141007	215283171	Mrs. M.	argery	Bratz	Same	
1	B. 41 0	3' /		1 1	OF DEATH	7 7	0	INTERVAL B	ETWEEN
	TKM			070 32	or orani			ONSET AND	
	DISEAS	E OR CONDITION DI	RECTLY	Arterio	sclerotic	cardiov	ascular dis	8258	
	(This does n			(A)	007010070	Cat atox	wooding of		
	heart loilure,	ot meen the mode of osthenio, etc. Il meens	the disease.	DUE TO					
	Injury of cor		1 11 1						
- 1		nplication which coused	de oth.)						
	11.00		deoth.)						
	DISEASES	NTECENDENT CAUSE OR CONDITIONS, IF A	deoth.) S NY, GIVING	(B)DUE TO					
	DISEASES (NTECENDENT CAUSE	deoth.) S NY, GIVING	(B) DUE TO					
77	DISEASES (NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST	deoth.) S NY, GIVING	(B) DUE TO					
NO.	DISEASES (NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST	deoth.) S NY, GIVING	(B)					
CALION	DISEASES OF THE UNDERLYING	INTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST RIG CONDITION LAST. II WIFICANT CONDITIONS	deoth.) S INY, GIVING TATING THE	(C)					
IFICALION	DISEASES OF THE UNDERLYING OTHER SIGN TO THE	INTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST.	CONTRIBUTING	(C)					
EKILICATION	DISEASES OF THE DISEASE OF THE DISEA	INTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST ING CONDITION LAST. II INIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING OPERATION 19B. CON	CONTRIBUTING TO	(C)	20A. AUTOPSY?			NDINGS CONSIDERED	
CEKIIFICATION	DISEASES OF THE DISEASE OF THE DISEA	NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	CONTRIBUTING TO	(C)	20A. AUTOPSY?		OB, IF YES, WERE FI N CERTIFYING CAU		
	DISEASES RISE TO TH UNDERLYIN OTHER SIGI TO THE DISEASE OF	INTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST ING CONDITION LAST. IINIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING OPERATION 19B. CON WAS PERI	CONTRIBUTING THE CONTRIBUTING TO	(C) NG HE WHICH OPERATION PLACE OF INJURY (e.g.,	no	HERE DID III	N CERTIFYING CAU	SES OF DEATH?	
CAL	OTHER SIGN TO THE DISEASE OF THE DIS	NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING OPERATION 19B. CON WAS PERI	CONTRIBUTING THE CONTRIBUTING TO	(C) NG HE WHICH OPERATION	no	HERE DID III	N CERTIFYING CAU	SES OF DEATH?	
AFUICAL	DISEASES RISE TO TH UNDERLYIN OTHER SIGI TO THE DISEASE OF PA. DATE OF	INTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST ING CONDITION LAST. II INIFICANT CONDITIONS OPERATION CAUSING OPERATION 19B. CON WAS PERI L CAUSE WAS JOR CONTRIB- SE OF DEATH.	CONTRIBUTING THE CONTRIBUTING THE LATED TO TO IT. DITION FOR V FORMED 21B. home etc.)	(C) NG HE WHICH OPERATION PLACE OF INJURY (e.g., , form, foctory, street, c	no in or obout 21C. W office bldg.,	HERE DID III	in Boltimore City, gi	SES OF DEATH?	
MEDICAL	DISEASES RISE TO THE UNDERLYIN OTHER SIGI TO THE DISEASE OF PA. DATE OF PA. DATE OF PA. DATE OF PA. DATE OF TIME DISEASE OF TIME DISEASE TIME TIME TIME TIME TIME TIME TIME TIM	INTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST RIG CONDITION LAST, II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 19B. CON WAS PERI L CAUSE WAS JOR CONTRIB-	CONTRIBUTING THE CONTRIBUTING	(C) NG HE WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, control of the c	in or obout 21 C. W	HERE DID III	in Boltimore City, gi	SES OF DEATH?	
MEDICAL	OTHER SIGN TO THE DISEASE OF THE DIS	INTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST ING CONDITION LAST. II INIFICANT CONDITIONS OPERATION CAUSING OPERATION 19B. CON WAS PERI L CAUSE WAS JOR CONTRIB- SE OF DEATH.	CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTION LATED TO TO SIT. 21 B. home etc.)	(C) NG HE WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, control of the c	no obout 21 C. Weffice bldg., INJURY	HERE DID III	in Boltimore City, gi	SES OF DEATH?	
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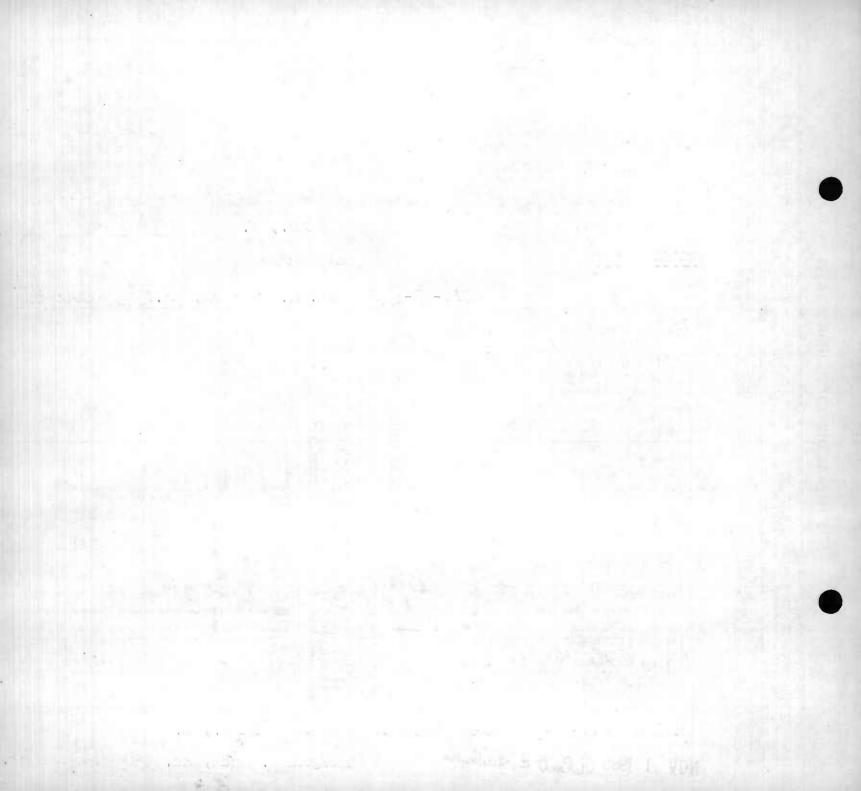
BIRTH NO.5 11111 MED	ICAL EXAMINER'S CI	ERTIFICATE OF D	EATH Registered	No.
M.E. CASE NO.				
1. NAME OF DECEASED			HOUR PRONOUNCED	
OSCAR G. RUS	SELL		29-65	10:55 A _{M.}
3. PLACE IN BALTIMORE, MARYLAND, W		A. STATE Md.	deceased lived. If instituti B. COUNT	ion: residence before admission) Y
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCALINSTITUTION	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside Balto.	corporate limits, write RU	JRAL and give township)
		D. STREET ADDRESS (If rurol,		05
City Hospital			a St.	oneA
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH		Under 1 Yr. If Under 24 Hrs. Aonths, Days, Hours, Min.
male white	Divorced	10/31/1906	58	
10A. USUAL OCCUPATION (Give kind of worldone dyring most of working life, even if retired)	Western Elec.	11. BIRTHPLACE (State or foreign	country) 1	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	770000000000000000000000000000000000000	14. MOTHER'S MAIDEN NAME		
James B. Russel		Nellie P. G.	ray	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown), (If yes, give wor or dote		17. INFORMANT		DDRESS
	216032869	Mr. Clarence	Russell, 1	12 Leslie Ave
18.5 81,01	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY			ONSET AND DEATH
LEADING TO DEATH	Fatty	cirrhosis of the	liver	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(This does not mean the mode of heart failure, asthenia, etc. It means	dying, e.g., DUE TO			
injury or complication which coused	deoin.)			
ANTECENDENT CAUSI	(B)			
DISEASES OR CONDITIONS, IF A				
UNDERLYING CONDITION LAST.	(6)			
<u> </u>	(0/			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER	LATED TO THE			
DISEASE OR CONDITION CAUSING		20A. AUTOPSY? (Yes or No)	20B. IF YES. WERE FIND	INGS CONSIDERED
WAS PER	REFORMED		IN CERTIFYING CAUSES	
21A, EXTERNAL CAUSE WAS	21 R. PLACE OF INJURY (e.g.,	in or obout 21C, WHERE DID	yes If in Boltimore City, give	exoct location)
UNDERLYING OR CONTRIB-	home, form, factory, street, etc.)	office bldg., INJURY OCCUR?	,, ,,	
21D TIME (Month) (Doy) (Yea	on (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	No. of the last of
OF INJURY (APPROX.)	m. WHILE AT NOT	WHILE ORK		
22. I certify that I held an	Inquiry Inspection Au	tapsy and that an thi	s basis, death in my	apinian
resulted from: Notural ca	usesvy Accident Suicid	le Hamicide U	Indetermined manner	
# N	TAR TO ()	CHIEF MEDICAL EX	AMINER .	D. TE CIONED
ACTUAL SIGNATURE	Justin hilmo	ASSISTANT MEDICAL EX	AMINER X	DATE SIGNED
EXAMINER'S R. BI	reitenecker, M.D.	ASSOCIATE MEDICAL EX		29-65
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 11/	2/65 Greenmount		Balto., Md.	own, or county) (State)
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS
	& E. Farberna		Ruck, Inc.,	Balto., Md. 212
VS 151-REV. 1/1/65				



65 111	& L	Y HEALTH DEPARTMENT	(05 444190
BIRTH NO. M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered No.(55 11172
1. NAME OF DECEASED E. Genevie	ve Trail		ber 28, 19	765
FULL NAME OF (If not in hospital or institution of the first or difference of the first of the f	tion, give street	4. USUAL RESIDENCE (Wh. A. STATE B. COU	ere deceosed lived. II in NTY	stitution: residence belare admissi
0 2610 Chesley Avenue		Baltimore	rurol, give location)	
7/_	RIED, NEVER MARRIED DWED, DIVORCED (specily) OVILED	B. DATE OF BIRTH 4-15-1910	9. AGE (In years lost hinhdoy)	II Under 1 Yr. If Under 24 1 Months Doys Hours Min
10A. USUAL OCCUPATION (Give kind of work 10B. KIN Bone dyring mostrol working lile, even it settred) DOORREEPER - HOUSEWI	1	Maryland	eign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME August Geckle 5. Wos Secessed Ever in U. S. Armed Forces?	I 6 FOCIAL	Mary Eberl 17. INFORMANT		40000
Yes, no or unknown) (If yes, give wor or dotes of serv	1 6- SOCIAL SECURITY NO.	Mr. Francis		Same
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, head failure, asthemia, etc. It means the dise injury or complication which coused death.)	e.g., DUE TO	OF DEATH Anciment	g Lung	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gi rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	ving The (C)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION 1	THE OPERATION	20A. AUTOPSY? (Yes or N	ol 20B. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not Wh Work At Work	21 F. HOW DID IN	JURY OCCUR?	
22. I certify that (I) (this hospital) attend that (I) (we) lost saw the deceosed alive	/3.74	100		19 6
ond hour and from the couses stoted obove 23A. SIGNATURE	n	tending Med. Director	Stofl Phys.	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) CHESCHOLD HI BECH	M.D	23D. ADDRESS 6012 BA	L-to, M	D 21214
Burial 10/30/65	Holy Redeeme	er Cemetery L	Baltimore,	
NOV 1 1965 R.C. 62,	FallyHd	Leonard J.	. Ruck, Inc	., Balto., Md. 21

IMPORTANT

FUNERAL DIRECTOR:



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I in a hospital and ng cause of death cause; (5) Deceased

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(4) Und

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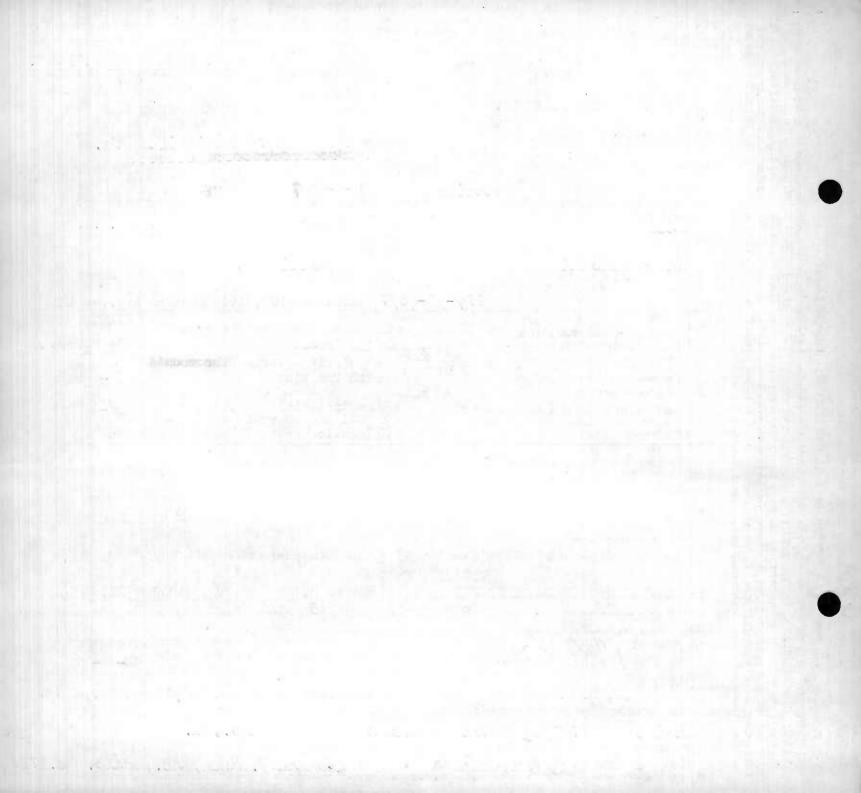
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VS 150-REV. 1/1/65

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DIRECTOR:

FUNERAL

of death Deceased

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(4) Undetermined cause;

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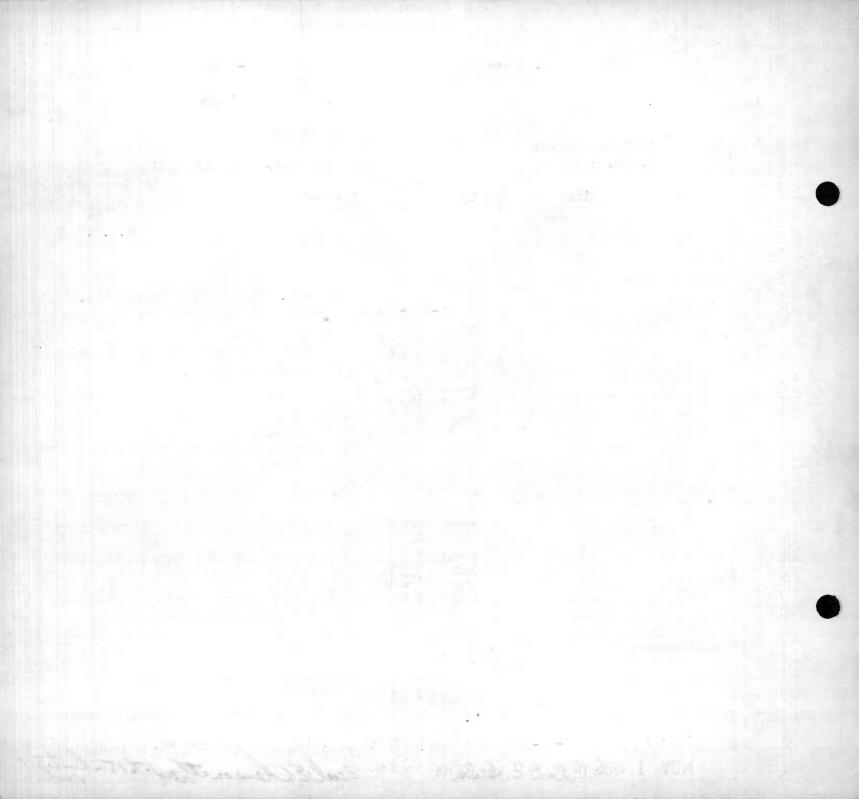
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VS 150-REV. 1/1/65

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to the hospital



BIRTH NO. 05 111	BALTIMORE CIT	Y HEALTH DEPARTMEN		65 11176
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) WATSON.	JACQUELINE CA		TE AND HOUR OF DEATH	4:25A
3. PLACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before admission)
		MARYLAND	HOWAR	n
FULL NAME OF (If nat in hospital ar ins HOSPITAL OR oddress or location) INSTITUTION	fitution, give street			RURAL and give township)
		ELKRIDGE		63-00
O ST. AGNES HOSPIT	AL		Of rural, give location)	
		1	MAN AVENUE	
FEMALE WHITE	MARRIED, NEVER MARRIED (Specify)	7-22-35	9. AGE (In years last Bighday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, dane during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SECRETARY		WEST VIRG	INIA	USA
13. FATHER'S NAME		14. MOTHER'S MAIDER		
LESLIE G. TOWNSEND		VIRGINI	A COOL (L.)	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar dates of	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	UNKNOWN	ST. AGNE	S RECORDS-C	ATON & WILKENS A
18. 289.21	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTI	Y			ONGEL AND DIAM
(This does not mean the mode of dyin	g, e.g., DUE TO	HOUARY F	DEMP	
heart failure, asthenia, etc. It means the	disease,			
ANTECEDENT CAUSES	(B) PROB	. COLLAGE L	DISEASE	
DISEASES OR CONDITIONS, if ony,	DUE TO			
rise la lhe obove cause (A) stati				
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED				
DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes	or Na) 20B, IF YES, WER	E FINDINGS CONSIDERED
WAS PERFORM	ÆD	485	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE C	OID (If in Baltim	are City, give exact lacolion)
21 D. TIME (Manth) IDoy) (Year) (Ho	out 21E. INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not Wh			
22. I certify that (I) (this hospital) att			19 65 to OC	TOBER 28 19 65
that (1) (we) last saw the deceased al				
and have and fram, the causes stated a				pinian death accurred an the dat
23A. SIGNATURE	bave. (1)(me) (ara)(ara har)	view the body diter de	earn.	23 B, DATE SIGNED
Milley	1/1/1 M.D. A	ttending Med.	Stoff S	10-28-65
23C. PHYSICIAN'S	v care	23D. ADDRESS	Phys.	10-23 64
	RHEIN		LKENS AVE.	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C			City, town, or county) (State)
REMOVAL (Specify)	1			
BURIAL 11/1/65	MEADOWRIDGE MEM		BALTIMORE,	MARYLAND ADDRESS
25A. DATE REC'S 1965 HOLDE	NAME OF BEMSERAR	25C. FUNERAL DIR		WILKENS AVE. 21229
V\$ 150-REV. 1/1/65		HODDARDE ON	PICALI HOPE 410/	MINIMU AVE. ZIZZ)
73 130-RE 71 1/ 1/ U3				

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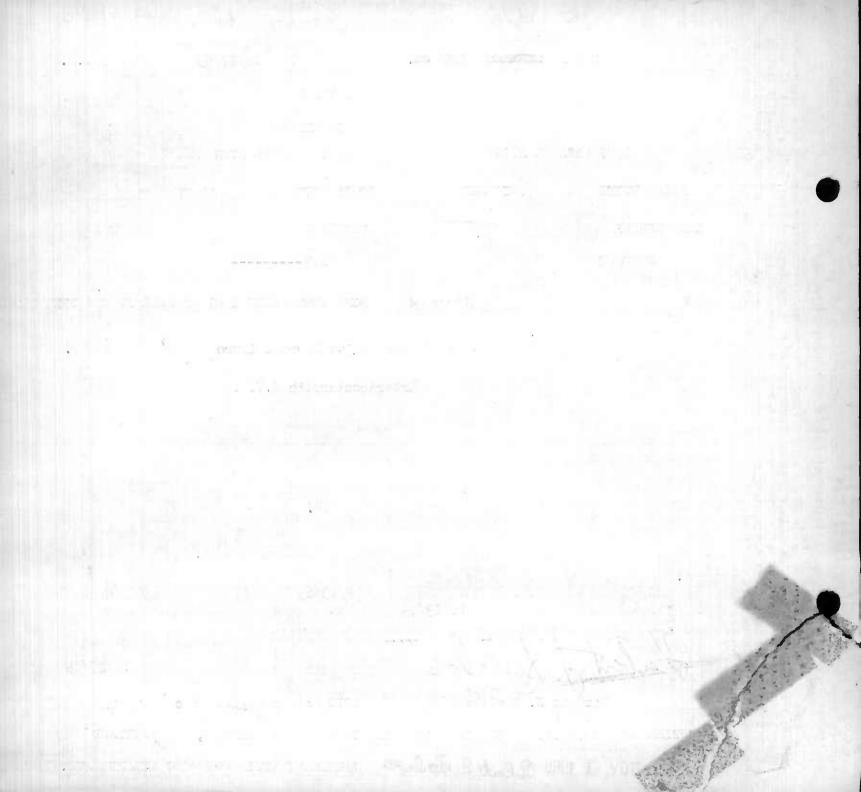
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BALTIMORE CITY HEALTH DEPARTMENT

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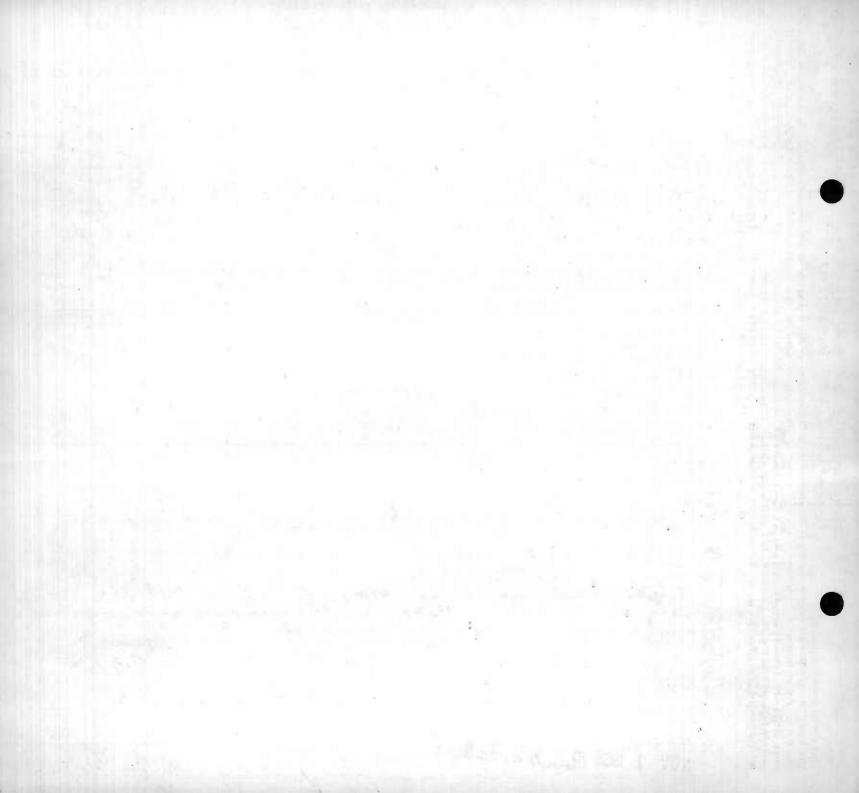
	65 111					
RTH NO.	0,0		CERTIFICA	ATE OF DEATH	Registered No.	11179
NAME OF DECEAS	SED			2. DATE A	AND HOUR OF DEATH	
ype or Print)	Stokes, W	illiam	N.(Rev.)	Octo	ber 30, 196	5 11:15a
PLACE OF DEATH	IN BALTIMORE, MA			4. USUAL RESIDENCE (Wh	nere deceased lived. If i	institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital oddress or location Provident	n)		Maryland C. CITY OR TOWN (1) Baltimor	outside city limits, write	RURAL and give township)
1	1514 Divi	sion St	creet		If rurol, give location)	
1	Baltimore	, Maryl	land 21217	3017 Dow	hatton Aven	110
SEX 6.	RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
34 3	3.7		D, DIVORCED (specify)	0-1 0 TOOD	lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Male	Negro	marr	CLEC BUSINESS OR INDUSTI	Oct.8, I892	73	
	ting life, even if retired)	IUB. KIND OF		RY Its. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
Pas	tor	Pasto	New Hope Baptist	Virginia		United States
B. FATHER'S NAME			. 2apo250	14. MOTHER'S MAIDEN NA	AME	
Beni	amin Stoke	G		Lucy Scrug	or S	
			11 (2001)		50	
es, no or unknown) (If	er in U. S. Armed For yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 091
No			None	Vashti Stoke	s-wife	same Phone:Lo.6
18. 7.56	3 V I	-		OF DEATH	7)	INTERVAL BETWEEN
heart failure, ast injury ar camplic	mean the made of thenia, etc. It means calian which caused TECEDENT CAUSES	the disease, death.)	(B) DUE TO			
heart failure, asl injury ar campli AN DISEASES OR rise to the UNDERLYING O	thenia, etc. II means calian which caused tecedent causes. CONDITIONS, if above cause (A) CONDITION last. II ANT CONDITIONS CAUSE (A) CONDITION CAUSING INCOMPLIANCE (A) CONDITION (A) CONDI	The disease, death.) any, giving stating the CONTRIBUTING TO THE T. CONTRIBUTION FOR V.	BUE TO (B) DUE TO (C)	20A. AUTOPSY? (Yes or h	No) 208. IF YES, WERE	FINDINGS CONSIDERED
heart failure, ast injury at compli- AN DISEASES OR rise to the UNDERLYING O	thenia, etc. II means calian which caused tecedent causes. CONDITIONS, if above cause (A) CONDITION last. II ANT CONDITIONS CAUSING IN THE BUT NOT RELANDITION CAUSING I	The disease, death.) any, giving stating the CONTRIBUTING TO THE T. CONTRIBUTION FOR V.	(B)	20A. AUTOPSY? (Yes or h	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES OR TISE IN THE UNDERLYING OF THE SIGNIFIC TO THE DEA' DISEASE OR CO TO THE DEA' DISEASE OR CO 19A. DATE OF OI 21A. ACCIDENT OR CONTRIBUTING DEATH (notify me	thenia, etc. II means calian which caused tecedent causes. CONDITIONS, if above cause (A) CONDITION last. II ANT CONDITIONS CAUSING INDITION CAUSING INDITIO	any, giving slating the CONTRIBUTING STEEL TO THE TOTAL TO THE TOTAL TOT	G E WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form, foctory, street,	20A. AUTOPSY? (Yes or NO NO NO Office bldg., INJURY OCCUR?		FINDINGS CONSIDERED AUSES OF DEATH?
heart failure, ast injury at campling AN' DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEA' DISEASE OR CO 19A. DATE OF OIL 21A. ACCIDENT OR CONTRIBUTING DEATH (notify me	thenia, etc. II means calian which caused tecedent causes. CONDITIONS, if above cause (A) CONDITION last. II ANT CONDITIONS CAUSING INDITION CAUSING INDITIO	any, giving slating the CONTRIBUTING TO THE TO THE TOTAL TO THE TOTAL TO	G E WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form, foctory, street,	in or obout 21 C. WHERE DID	(If in Boltimo	
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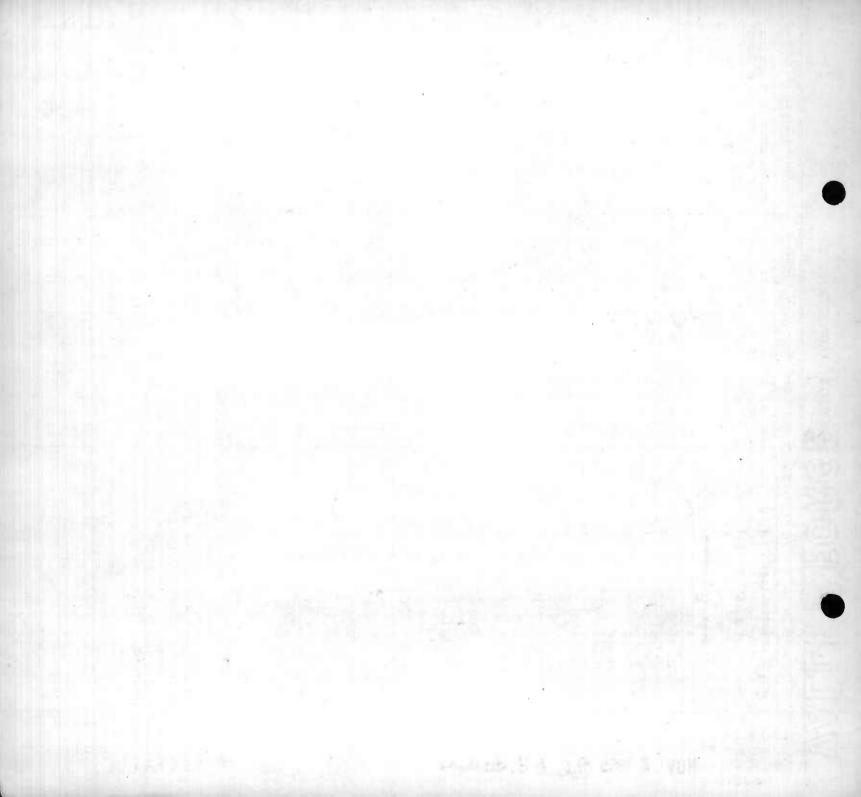
a hospital and

M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEA 10/29/65 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, A. STATE B. COUNTY FULL NAME OF (If not in hospital or institution, give street) W.A.	f institution: residence before admis
1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEA 10/29/65 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, MA, STATE 8. COUNTY 4. USUAL RESIDENCE (Where deceased lived, MA, STATE 8. COUNTY 6. STATE 7. MARRIED, NEVER MARRIED WIDOWED, DIYORCED (specify) 10. STREET ADDRESS 11. USUAL OF BIRTH 9. AGE (In yeors lost) birthday) 12. DATE AND HOUR OF DEA 10/29/65 14. USUAL RESIDENCE (Where deceased lived, MA, STATE 8. COUNTY 18. COUNTY 19. AGE (In yeors lost) birthday) 10. AUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) 10. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) 11. BERTHPLACE (State or foreign country) 12. DATE AND HOUR OF DEA 10/29/65 10/29/65 11. BERTHPLACE (State or foreign country) 12. DATE AND HOUR OF DEA 10/29/65 13. USUAL RESIDENCE (Where deceased lived, MA, STATE 8. COUNTY 14. USUAL RESIDENCE (Where deceased lived, MA, STATE 8. COUNTY 16. B. COUNTY 17. MARRIED WIDOWED, DIYORCED (specify) 17. AGE (In yeors lost) birthday 18. DATE OF BIRTH 19. AGE (In yeors lost) birthday 10. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) 10. STREET ADDRESS 11. USUAL RESIDENCE (Where deceased lived, MA, STATE 12. DATE OF DEA 13. DATE OF DEA 14. USUAL RESIDENCE (Where deceased lived, MA, STATE 15. COUNTY 16. COUNTY 17. MARRIED WIDOWED, DIYORCED (specify) 17. BERTHPLACE (State or foreign country) 18. DATE OF BUSINESS OR INDUSTRY 19. DATE OF BUSINESS OR INDUSTRY	f institution: residence before admis Residence before admis Residence before admis
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D. STREET ADDRESS (III rurol, give location) 1024 Hollins St. S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIYORGED (specify) WIDOWED, DIYORGED (specify) 12/10/1924 40 A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BERTHPLACE (State or foreign country) Touse wife at Nome Leonala	4
D. STREET ADDRESS (II rurol, give location) 1024 Hollins St. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIYORCED (specify) 2/10/1924 Holling DA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRT) 11. BERTHPLACE (State or foreign country) Touse wife at Home	lt.
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OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BERTHPLACE (State or foreign country) one duying most of working life, even if refired) touse wife at Home Leonara	
Truse wife at Home Leorgia	12. CITIZEN OF
The state of the s	WHAT COUNTRY?
3. FATHER'S NAME	71.5. A.
0 1. 6 1/	
To Sankie The West	
5. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
(es, no or unknown) (III yes, give wor or dates of service) SECURITY NO.	1 -above
The chomas Thilly	ps-
18. / 7/ X I CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., (This does not mean the mode of dying, e.g., DUE/TO	6 7766
heart failure, asthenia, etc. It means the disease,	
ANTECEDENT CAUSES (B) Lacen on a ferrical	37710
ANTECEDENT CAUSES OUE TO	***************************************
DISEASES OR CONDITIONS, if any, giving	
rise to the obove couse (A) stoling the (C) UNDERLYING CONDITION last.	P3 00 0 00 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Candidatery for 20A. AUTOPST? (Tes or No.) 20B. IF TES. WE IN CERTIFYING	RE FINDINGS CONSIDERED
any 15 paine	CAUSES OF DEATH!
	more City, give exact location)
DEATH (notily medical examiner)	
21D. TIME (Month) (Doy) (Teor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURT OCCUR?	
OF INJURT (APPROX.) While At Not While	
Work AT WOR	16130165
22. I certify that (1) (this haspital) attended the deceased from #//5/65 19 to	19
that (1) (we) lost sow the deceased alive on 12/29 19 65 and that in (my) (our)	opinion death occurred on the
and hour and from the couses stated above. (1) (We) (did) (did nat) view the body ofter death.	
23A. SIGNATURE	23 & DATE SIGNED
M.D. Attending W Med. Stoff Phys.	10/20165
	1/00
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	- 114
23C. PHYSICIAM'S NAME (Type) LA CALAS M.D. 6411 Frederick	- Chire
23C. PHYSICIAM'S NAME (Type) LA CALAS M.D. 6411 Frederick	(City, town, or county) (Sto
23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS M.D. 23D. ADDRESS M.D. 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION	(City, town, or county) (Sto



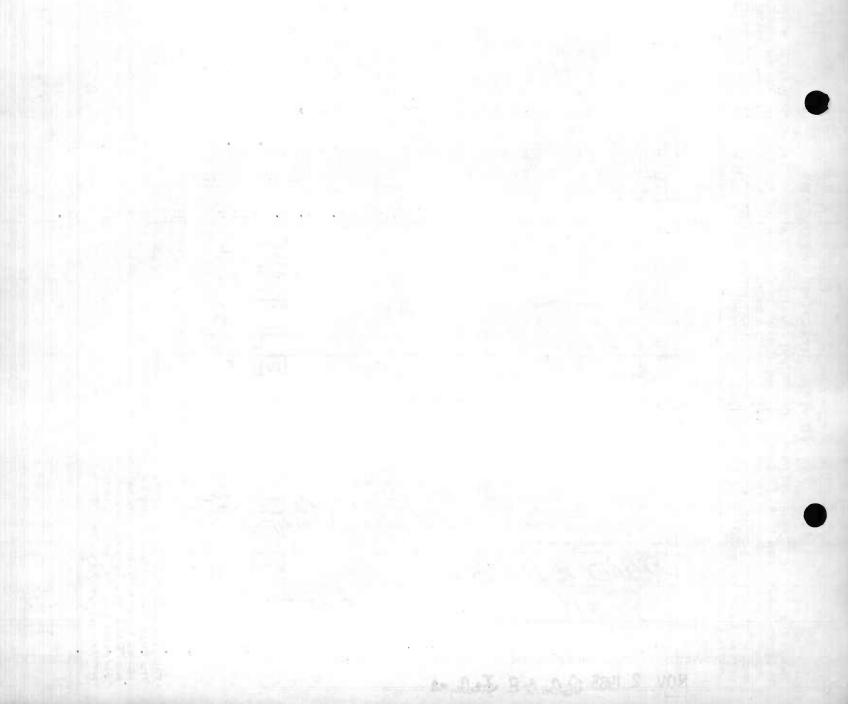
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of d shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decewas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.
ANT	tant if death occ e direct or contr nd; (4) Undeterm eath was in reg on the decease
FUNERAL DIRECTOR: IMPORTANT	iner. Also, if the racture of any king pronounced do yolar attendance mbalmed or fin.
ERAL DIRECT	ef medical exam medical exam dy burns; (3) A f physician who cian was in reg
FUN	he hospital by a ny nature; (2) Bo xxcept where the and (6) No physibtained before the brained before the statement of the st
all hale	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributi shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwhiten approval must be obtained before the remains are embalmed or final disposition is made.
	the body shows: (was D.O decease

0- 24204	BALTIMORE CITY	HEALTH DEPARTMENT		CE ALLON
BIRTH NO. 65 11181	CERTIFICA	TE OF DEATH	Registered Na.	65 11181
M.E. CASE NO.	1	2, DATE	AND HOUR OF DEATH	
(Type or Print) Annie B Ste-	2	10	131/45	18:25
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WI	here deceased lived. If in	nstitution: residence before admiss
FILL MANE OF SECTION IS A SECTION OF SECTION		10%	, , , , , , , , , , , , , , , , , , , ,	16-11
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or lacation)	ion, give street	C. CITY OR TOWN (IF	outside city limits, write	RURAL ond give lownship)
INSTITUTION	. /	Ra Himor		
6 Lutheran Hospita	1	D. STREET ADDRESS	If rural, give lacation)	
		2808-M	osher St.	
	NED, NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
Fe. Negroe Mi	IV Vied	8/5/15	5-0	Months Doys Hours Mi
10A, USUAL OCCUPATION (Give kind of work 10B, KINE		11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
dane during most of working life, even if retired)		Bushlas	in NO.	WHAT COUNTRY?
13. FATHER'S NAME		14 MOTHERS MAIDEN N	AME	1 (1.3, 17)
tareno.		(N - T,	to	
and the)	maring	1 cella	
 Was Deceased Ever in U. S. Armed Farces? Yes, na ar unknawn) (If yes, give war ar dates of servi 	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
NO	239-24-3246	H Smilh	2808/MO	oher St
18. 446 X I	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				ONSEI AND DEATH
LEADING TO DEATH (This does not mean the made of dying,	(A)(Iremia		
heart lailure, asthenia, etc. It means the dise	ase,			
injury or complication which caused death.)		Auteriolonephy	arclounts	
ANTECEDENT CAUSES	DUE 10		01.5.3.5.6.3.7.2	
DISEASES OR CONDITIONS, if any, givenise to the above cause (A) slating				
UNDERLYING CONDITION last.	(0)		7.007×7.7700000000000000000000000000000	
	1) Preum	>620 10		
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING 21 License	is Civohogis		
DISEASE OR CONDITION CAUSING IT.				
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or I	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	210 DIACE OF INSTRUMENT	Yej	N/E	2
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i hame, larm, factory, street, a	ffice bldg., INJURY OCCUR?	tit in Baltimor	e City, give exact lacotion)
<u>o</u>	etc.)			12
OF INJURY (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
(APPROX.)	While At Work Not Whi			ALC: NO PERSON NAMED IN
22. I certify that (I) (this hospital) attended	ed the deceased fram	October 24,	19 65 to DC	Fober 21 196
that (I) (we) last saw the deceased alive	4	1 2		nian death accurred an the
and haur and fram the causes stated abov	The state of the s			
23A. SIGNATURE	(The budy unter death		23B, DATE SIGNED
1 Robert C Y 1 K.	M.D. Att	ending Med.	Stoff P	10/31/12
23C. PHYSICIAN'S	Phy	23D. ADDRESS	Phys.	1-/013
NAME (Type)	,	1 , 14	1.1	
1002 T C.13/2	than M.D.	Lul nevar	1 . 1705 p. 7.	h/
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME OF CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ity, town, ar county) (Sta
Burial 11-5-63		Du	crham 1	V. C.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME_OF REGISTRAR	25C. FUNERAL DIRECTO	OR A	ADDRESS
NOV 2 1965 M.O. 1- 2.	TA		A A A	
HOA & ISOS (ITTAND C'	Farbuna	Cuainin	nort 2700	Edmand son (
'S 150-REV. 1/1/65	Farbeyma	Cuaino	night 2700	Edmendson



			BALTIMORE CITY	HEALTH DEPARTMEN	T	
		11182	CERTIFICA	TE OF DEATH	Registered No.	65 11182
1.1	E. CASE NO.	EPKFA	IP CARO	2. DATI	AND HOUR OF DEATH	945 0.
3.	PLACE OF DEATH IN BALTIMORE		(1 (1)100	14. USUAL RESIDENCE	Where deceosed lived. If	institution: residence before admission
	FULL NAME OF (If not in hos	pitol or instilution,	give street	Marylan	al =	3-12
	HOSPITAL OR oddress or lo		1 0	C. CITY OR TOWN	If outside city limits, write	RURAL ond give lownships
1	fouth Balting	ou the	eneral	D. STREET ADDRESS	(If rurol, give location)	
V	Hospita	l		1518	ight str	
	EX 6. RACE	WIDOWE	DONE D	B. DATE OF BIRTH /	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of during most of working life, even if rel	f work 10 B. KIND O				12. CITIZEN OF WHAT COUNTRY?
	Housewife			Balto.	Md.	U5A
	FATHERS NAME	Tion		14. MOTHER'S MAIDEN		
	Was Decoased Ever in U. S. Arme	d Forces?	1 6. SOCIAL	Alvert	a Burns	ADDRESS
l'e	s, no or unknown yes, give wor o	dotes of service)	SECURITY NO.		100	
_	18. 44 D D /14	a.av	217 09 1160 CAUSE 0	Mr. Wm. A. W	alker 407	Waverly Ave.
	DISEASE OR CONDITION LEADING TO DE (This does not mean the mod heart loiture, osthenia, etc. II m	ATH e ol dying, e.g.		Elessorle	ustic accere	ONSET AND DEATH
	injury or complication which co	used deolh.)	(BI			
	DISEASES OR CONDITIONS,		DUE TO		3 3 5 5 c c charpe de mar par para a seu esp a basean e a e a e supra	
	rise to the obove couse UNDERLYING CONDITION los	(A) stoling the				
ACCA	OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	RELATED TO TH	G Pialie	tes mele	lilue	
ERTIFIC	19A. DATE OF OPERATION 198.		WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CER	21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	NG 21 hor	B. PLACE OF INJURY (e.g., ime, form, foctory, street, o	n or obout 21 C. WHERE DI	D IIf in Boltime	ore City, give exact location)
MEDI	21 D. TIME (Month) (Doyl (OF INJURY APPROX.)	W	hile At Not Whi	e 🗆	INJURY OCCUR?	
	22. I certify that (I) (this has	pitol) ottended	the deceased from	10/29	1965 to	0/30 1965
	that (I) (we) lost sow the dec	eosed olive on.	10/30	19 65 on	d that in (my) (our) of	pinion deoth occurred on the do
	and hour and from the couses	stoted obove.	(I) (We) (did) (did not)	view the body after dec	ith.	
	23A. SIGNATURE R.	Holtha	M.D. Att	ending Med. S. Director	Stoff Phys.	23B. DATE SIGNED 10/30/65
	23C. PHYSICIAN'S NAME Typel KOBERT	/ .	THAUS M.D.	S. BALTO.		
24	A. BURIAL CREMATION, 24B. DA	E 24C. N	AME of CEMETERY OF CR	100	D. LOCATION (City, town, or countyl Stotel
25	Burial 11 3	1965	Cedar Hill	25C. FUNERAL DIREC	Brooklyn, A.	A. Co. Md.
231	NOV 9 toor A -	250, IVANIE	A .	Me Gully		
	1101 & 1302 (15 C)	17 6 314	Sept 4	mo outily.) 1)	O E. Fort Ave

FUNERAL DIRECTOR: IMPORTANT



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3- 21-26-61

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JACOB LIEBLER PHORE HOIRT HOIRT

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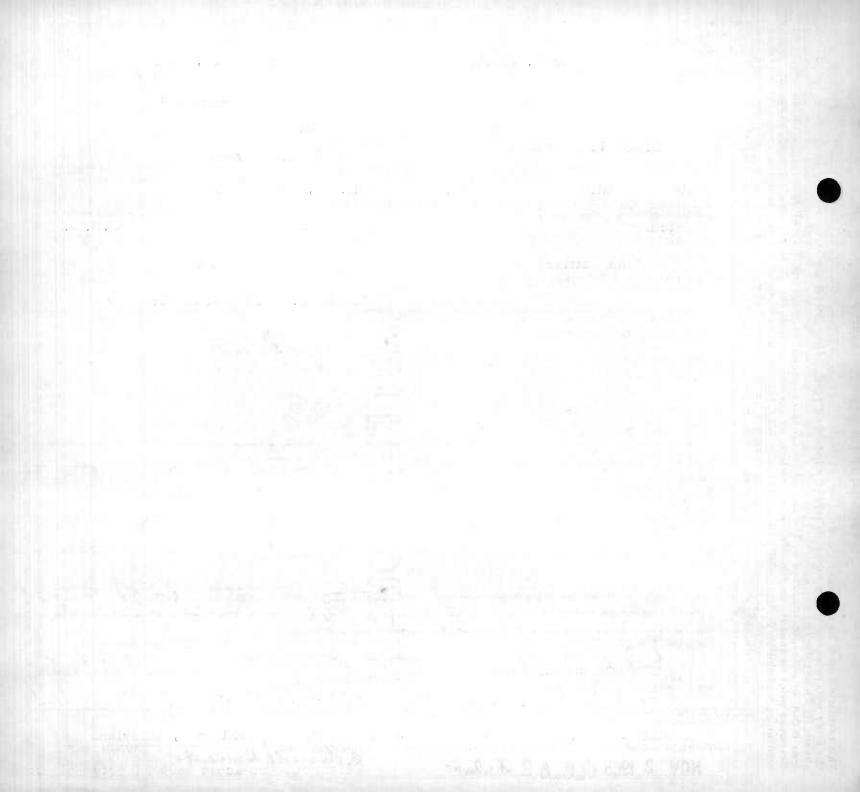
1 1-11-65 CARTELL PARTEUR ONLY DEVERON

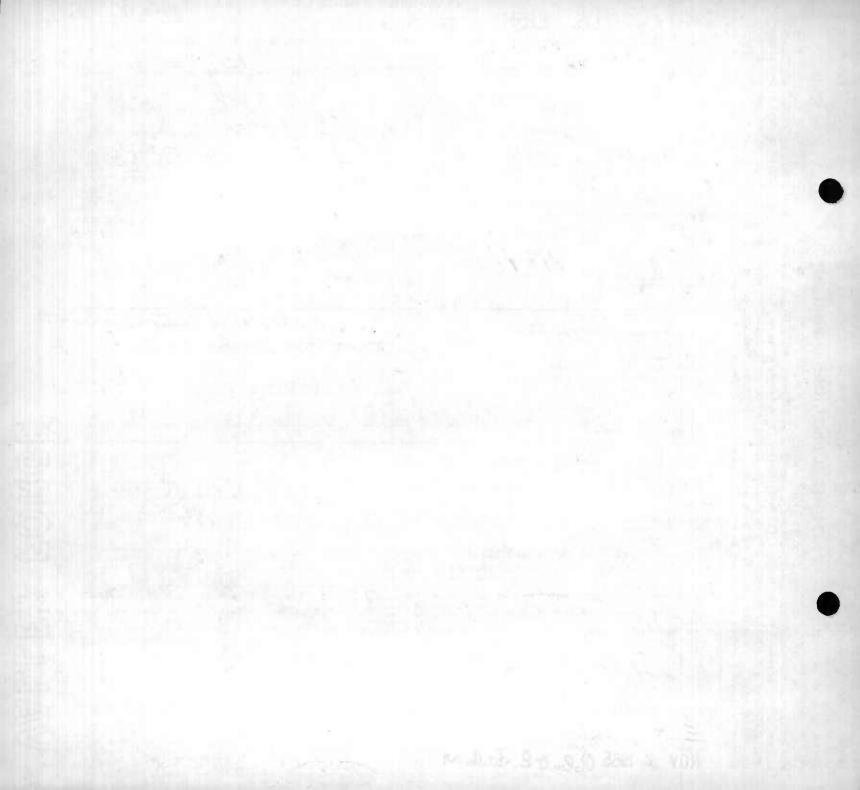
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WALLE SALOD BUILDING





		11187 BALTIMORE CI	d	5 11187
	TH NO.	CERTIFIC	ATE OF DEATH Registered No.	5 11187
1, N.	AME OF DECEASED	L.	2. DATE AND HOUR OF DEATH	
{Тур	ne or Print)	H HOLMES	10-30-65	
3. P	LACE OF DEATH IN BALTIMORE, M		4. USUAL RESIDENCE (Where deceased lived, If	nstitution: residence before adm
			A. STATE B. COUNTY	
		l or institution, give street	MARYLAND	
	HOSPITAL OR oddress or locoti	on)	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
, ~			LINTHICUM HEIGHTS, A.	A. Co. 52-0
1	THE JOHNS HOL	PKINS HOSPITAL	D. STREET ADDRESS (If rurol, give location)	
			703 SHIPLEY COURT	
5. S !	EX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 2 Months Doys Hours
	FEMALE WHITE	WIDOWED, OIVORCEO (specify)	3-3-01 lost birthday 64	Months Doys Hours
		ork 108, KIND OF BUSINESS OR INDUSTI		12. CITIZEN OF
done	e during most of working life, even if retired)			WHAT COUNTRY?
اله	ohns Hopkins Uni	versity	MO.	USA
3. F	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	BENERACT LAFVY		MAY C. REDHEFFER	
5, V	BENEDICT LOEVY Was Occased Ever in U. S. Armed Fo	orces? 1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes	s, no or unknown) (If yes, give wor or do	tes of service) SECURITY NO.		ADDRES 2109(
		506 03 700	Allen Holmes, 703 Ship	ley Crt.zone
	18. / 20 X	CAUSE	OF DEATH	INTERVAL BETWEE
	DISEASE OR CONDITION D	IRECTLY	· · · · · · · · · · · · · · · · · · ·	ONSET AND DEAT
	LEADING TO DEATH	1	Resourable Client	10 mes
	(This does not mean the mode a		2	
	heart failure, asthenia, etc. It mean injury at camplication which cause			
	ANTECEDENT CAUSE	The state of the s	brenne 20 to	
		OUE TO	4	
	DISEASES OR CONDITIONS, it		same diene & Metato	4.0
	UNDERLYING CONDITION last.	(6)		
	11			
	OTHER SIGNIFICANT CONDITIONS		1, 1, 1	
NO			1 ()	
ATION	TO THE DEATH BUT NOT REL		c Nycepudial Inforcety	9.4
CATIO	TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO.	NOTION FOR WHICH OPERATION	200 AUTOPSY? (Yes or No!) 208, F YES, WERE	FINDINGS CONSIDERED -
CATIO	TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO.	IT. LEVALLE		FINDINGS CONSIDERED -
CERTIFICATIO	TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19 A. DATE OF OPERATION WAS PE 21 A. ACCIDENT WAS UNDERLYING	NDITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY Ie.g.	200. AUTOPSY? (Yes or No.) 208. F YES, WERE IN CERTIFYING CA	USES OF DEATH?
L CERTIFICATIO	TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO WAS PE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	NDITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY le.g., home, farm, foctory, street,	200. AUTOPSY? (Yes or No.) 208. F YES, WERE IN CERTIFYING CA	USES OF DEATH?
ICAL CERTIFICATIO	TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COI WAS PE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (notify medical examine)	NDITION FOR WHICH OPERATION RFORMED 21B. PLACE OF INJURY le.g., home, farm, foctory, street, etc.)	200. AUTOPSY? (Yes or No.) 20B. F YES, WERE IN CERTIFYING CA	USES OF DEATH?
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MEDICAL CERTIFICATIO	TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A.DATE OF OPERATION 19B. CO) WAS PE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (notify medical examinet) 21D. TIME OF INJURY IAPPROX.) 22. I certify that (I) (this hospitate) that (I) (we) last saw the decease and have and fram the causes sta	DITION FOR WHICH OPERATION 21B. PLACE OF INJURY le.g., home, farm, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Will Work While At At Work all) attended the deceased fram seed alive an Color Society of the seed alive an Color Society (did) (did not)	200. AUTOPSY? (Yes or No.) 208. F YES, WERE IN CERTIFYING CA. in or about 21 C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? hile the and that In (my) (***) ap view the bady after death.	re City, give exact locotion) 23. 30 19
MEDICAL CERTIFICATIO	TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO) WAS PE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (notify medical examiner) 21D. TIME OF INJURY IAPPROX.) 22, I certify that (I) (this hospitated in the causes stated in the cause stated in the	DITION FOR WHICH OPERATION 21B. PLACE OF INJURY le.g., home, farm, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Will Work While At At Work all) attended the deceased fram seed alive an Color Society of the seed alive an Color Society (did) (did not)	200. AUTOPSY? (Yes or No.) 208. YES, WERE IN CERTIFYING CA IN CERTIFYING CA IN CERTIFYING CA III in Baltimor office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? hile ik 19 and that In(my) (aux) ap view the bady after death. Attending Med. Oirector Phys. 23D. ADDRESS	re City, give exact locotion) 23. 30 19
MEDICAL CERTIFICATIO	TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A.DATE OF OPERATION 19B. CO) WAS PE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year OF INJURY 1APPROX.) 22. I certify that (I) (this hospitated that (I) (we) last saw the decease and haur and fram the causes stated that (I) (The condition of the causes stated that (I) (The causes stated that	DITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY le.g., home, form, foctory, street, etc., While A1 Not Will Work A1 Work all) attended the deceased fram seed alive an October 30 October	200. AUTOPSY? (Yes or No.) 20B. F YES, WERE IN CERTIFYING CA. in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	inian death accurred an th
MEDICAL CERTIFICATIO	TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A.DATE OF OPERATION 19B. CO) WAS PE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year OF INJURY 1APPROX.) 22. I certify that (I) (this hospitated in the causes stated in the cause stated in the causes stated in the cause stated in the ca	DITION FOR WHICH OPERATION 21B. PLACE OF INJURY I.e.g., home, farm, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Will Work At Work At Word	200. AUTOPSY? (Yes or No.) 20B. BY YES, WERE IN CERTIFYING CA. in or obout 21C. WHERE DID office bldg. INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	Inlan death accurred an th
MEDICAL CERTIFICATIO	TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A.DATE OF OPERATION 19B. CO) WAS PE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and fram the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) BURIAL CREMATION, 24B. DATE REMOVAL (Specify) MOV. 2/	DITION FOR WHICH OPERATION 21B. PLACE OF INJURY le.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Will Work At Work At Work At Work M.D. April 1988 M.D. April 1988 M.C. 24C. NAME of CEMETERY of Company of the co	200. AUTOPSY? (Yes or No.) 20B. YES, WERE IN CERTIFYING CA. in or obout 21C. WHERE DID office bldg. INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	Inian death accurred an th
MEDICAL CERTIFICATIO	TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A.DATE OF OPERATION 19B. CO) WAS PE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year OF INJURY 1APPROX.) 22. I certify that (I) (this hospitated in the causes stated in the cause stated in the causes stated in the cause stated in the ca	DITION FOR WHICH OPERATION 21B. PLACE OF INJURY I.e.g., home, farm, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Will Work At Work At Word	200. AUTOPSY? (Yes or No.) 20B. F YES, WERE IN CERTIFYING CA. in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 and that In (my) (***) ap 19 view the bady after death. Ottending Med. Stoff Phys. 23D. ADDRESS D. CREMATORY 24D. LOCATION (CO.)	inian death accurred an th

AVE DET AND THE TELEVISION OF THE PROPERTY OF

65 11188 BALTIMORE CITY HEA	ALTH DEPARTMENT 65 11188
BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
MAMIE (, SHIFFLET T	10/29/65 10:05 pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE Maryland B. COUNTY
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore
Yellow Land Land Land Land Land	D. STREET ADDRESS (If rurol, give locotion)
University Hospital	915 W. Baltimore St.
female 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) MARRIED MIDOWED, DIVORCED(specify) MARRIED MARRIED MARRIED MIDOWED, DIVORCED(specify) MARRIED MARRIED MIDOWED, DIVORCED(specify) MIDOWED, DIVORCED(speci	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours, Min.
10A, USUAL OCCUPATION (Give kind of work) OB, KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	RY11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF USAAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elmer Bowen	Clinateth Warner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SO CIAL SECURITY NO.	17. INFORMANT ADDRESS
IB / C X II / CAUS	SE OF DEATH INTERVAL BETWEEN
1 3 81, 0 + 1002, 1 CAUS	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Fatty liver
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
DISTASE OF CONTOUTION CALISMO IT	cavitary pulmonary tuberculosis
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19 38 TIFYING CAUSES OF DEATH?
ZIA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	, in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT m. WORK AT \	WORK
22. 1 certify that I held an Inquiry Inspection A	utapsy 🗵 and that an this basis, death in my apinian
	de Hamicide Undetermined monner
	CHIEF MEDICAL EXAMINER
SIGNATURE Wilsons M. Son Smile	DATE SIGNED
SIGNATURE WELL M. I	ASSOCIATE MEDICAL EXAMINER 10/30/65
NAME (Type) Werner U.Spitz, M.D.	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	34
burial Nov. 3/65 Balto.Nation	
NOV 2 1965 A C. B F & Jackson	Witzke F.D. 4101 Edmondson We
VS 151-REV. 1/1/65	

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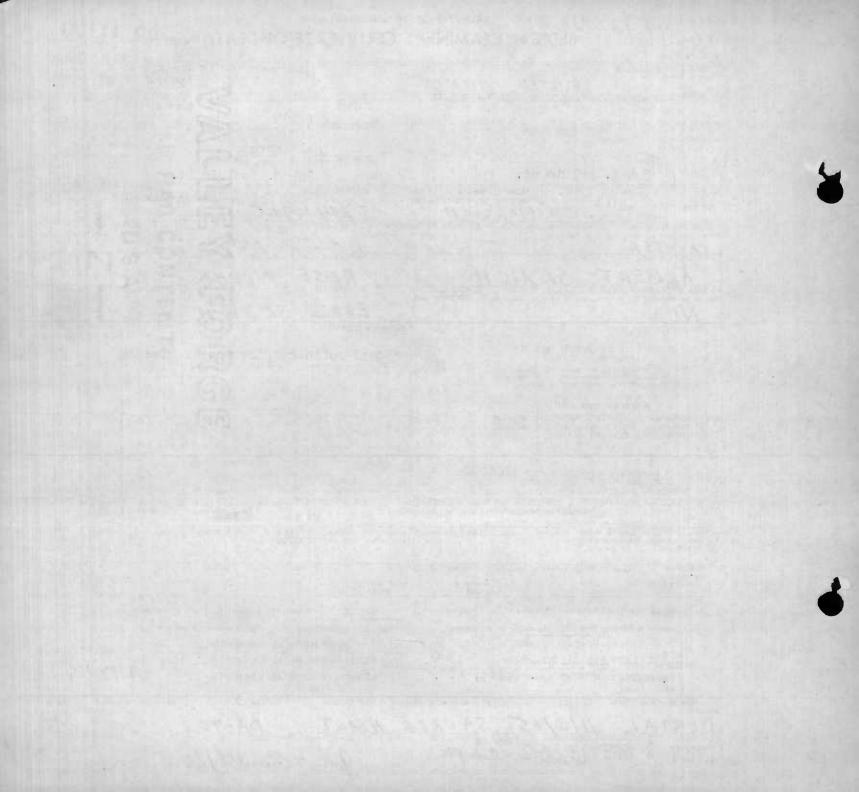
	BALTIMO	DRE CITY HEALTH DEPARTMENT	
	MIRTH NO. M.E. CASE NO. 65 11189 CERTI	FICATE OF DEATH Registered No. 65 11189	
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	3. PLACE OF DEATH IN BAYTMORE, MARYLAND	4. USUAL RESIDENCE (Whore deceased lived, If institution; lesidence before and A. STATE B. COUNTY	dmission
	FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)	-
	1 City Hast	D. STREET ADDRESS (If juid, give location)	00
0	Lug - Jo-	205 Glider Nrine	
mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED SP		r 24 Hrs Min.
ion is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IN dane during most of working life, even if settred) AT HOME	WHAT COUNTRY?	7
isposition	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
disp	Torangy Hadell	Easter adline	
nal	15. Was Deceased Ever in U. S. Armod Farces? (Yes, no ar unknown) (If yes, give wor or dates of sarvico) 24-18-4		
or fi	TAX VIII TAGEN	CAUSE OF DEATH INTERVAL BETWIE	
peu	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)	acute cownay occlusion (hour	
balme	(This daes nat mean the mode of dying, e.g., DUT heart failure, asthenia, etc. It means the disease,	ETO	000000.0
me	injury or complication which caused death.) ANTECEDENT CAUSES (B)	arterio sclerofic coroner vase dis 15 gr	
9	DISEASES OR CONDITIONS, if any, giving	E TO	
ns a	rise Ia lhe abave cause (A) stating the (C)_UNDERLYING CONDITION last.		
mai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	at ant	
9 7	DISEASE OR CONDITION CAUSING II.	abites mellitis	
e th	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	ON 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
befor	U 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJU	URY (a.g., in at about 21 C. WHERE DID street, office bldg., INJURY OCCUR?	
ained		Not While	
þ	22. I certify that (I) (abis hospital) attended the deceased from	ram 7 eB 25 1957 to Oct 26 19	65
pe o	that (I) (we) last saw the deceased alive on Oct	2 19 65 and that in (my) (see) opinion death occurred an	-
must	and hour and from the causes stated obove. (1) (4+4) (di 23A. SIGNATURE	id nat) view the bady ofter death. 238. DATE,SIGNED	
E .	Chouis Semenoff "	M.D. Attending Med. Diroctor Phys. 10/29/65	
approval	23CHYSICIANS NAME (Typo)	23D. ADDRESS OPENS RD BOTT 20, MA	1
ddp	24A. BURIAL GREMATION, 24B. DATE 24C, NAME of CEMETER	RY or CREMATORY [24D. LOCATION (City, town, or county)	(State)
ritten	REMOVAL (Specify) 10/30/65 NEXT CREE	2	2.
writ	NOV 2 1965 Robert E. Farkey	Cornelly 300 Mace and S	alt

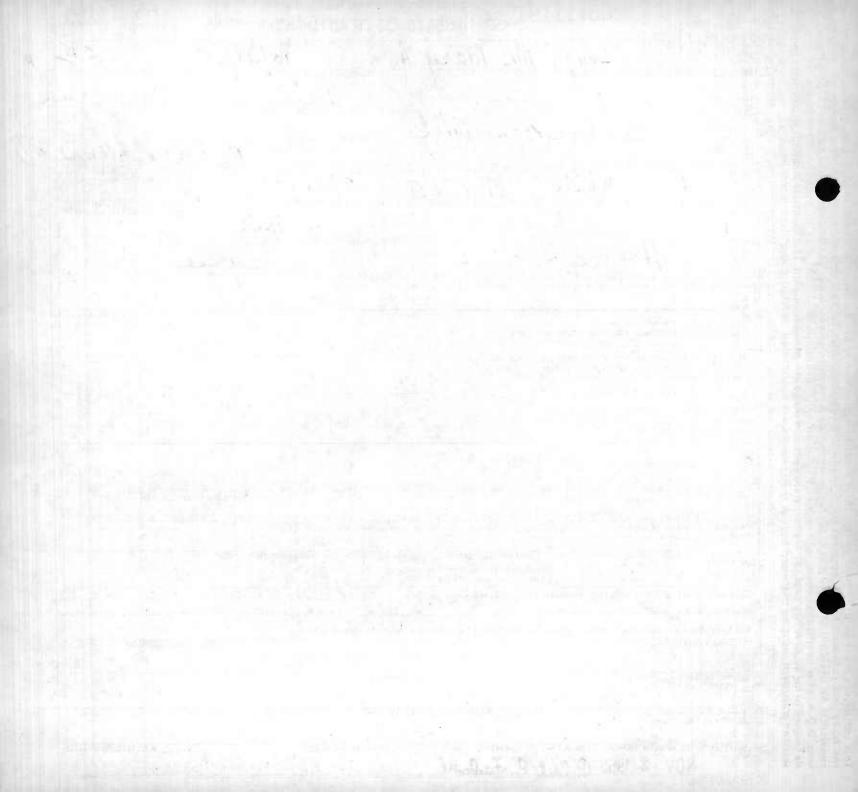
VS 150-REV. 1/1/65

Cate of the same of the same after the many man to be at the I Danie attang LOVIS SENENET 5-420

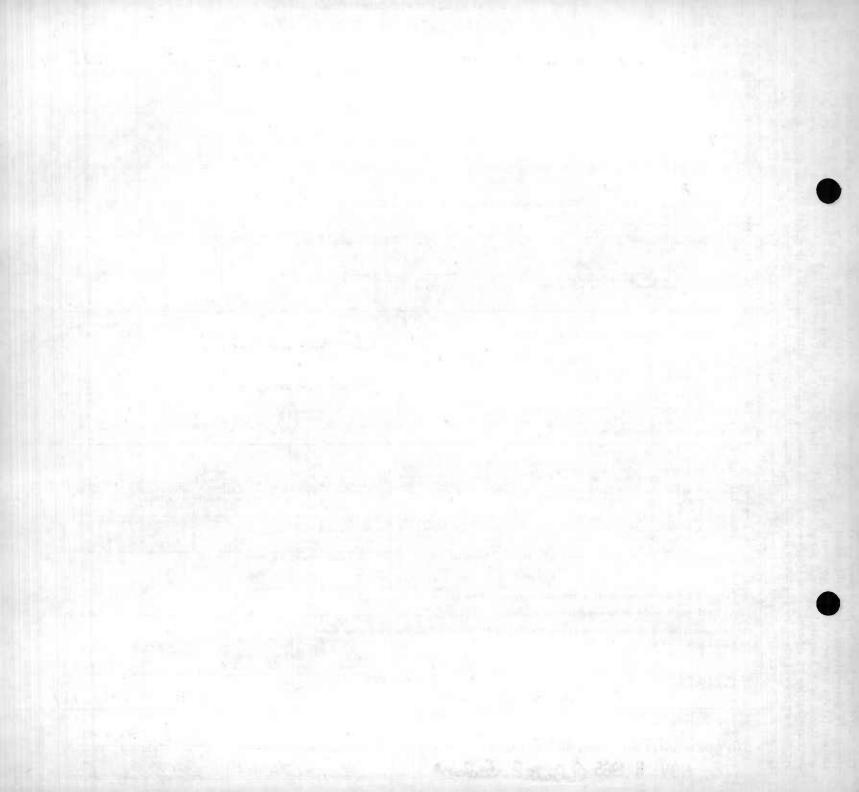
BALTIMORE	CITY	HEALTH	DEPARTMENT

65 11190 BALTIMORE CITY HE	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No. 11.130
A.E. CASE NO.	
. NAME OF DECEASED Type or Print WILLIAN SLAICH	2. Date and hour pronounced dead 10/29/65 10:20 p.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore D. STREET ADDRESS (If rurol, give locotion)
344 S. Bouldin St.	344 S. Bouldin St.
male 6. RACE White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE IIn years If Under 1 Yr, If Under 24 Hrs. 5 / 14 / 19 / 5 Months Days Hours Min.
DA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUST One during most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ALBERT SILLEL	14. MOTHER'S MAIDEN NAME
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. SOCIAL 18. SOCIAL 18. SOCIAL 18. SOCIAL 19. SECURITY NO.	17. INFORMANT ADDRESS
No	ELIZ SLAICH SAME AS ABO
18. (CAU	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	20A. AUTOPSY? IYes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN SETTING CAUSES OF DEATH?
UTING CAUSE OF DEATH.	office bldg., INJURY OCCUR?
OF INJURY ILAPPROX.) WHILE AT NO	T WHILE WORK
22. I certify that I held an Inquiry Inspection Aresulted from: Notural couses X Accident Suice ACTUAL SIGNATURE EXAMINER'S Werner U. Spit 2 M. D. M.	CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER 10/30/65
AA. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR NOV 2 1965 Registrar	HEART BALTO, MD,
NOV 2 1965 (17. D., 15 & taskey M.A.	John & Connelly Sons, 300 mace ave.





VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

NAME OF DE	CEASED				2. DATE AND HOUR OF	DEATH	
Typo or Printi	orge Michael	Holm	es		October 30.	196	5 1
	ATH IN BALTIMORE, MAR			4. USUAL RESI	October 30. DENCE (Where decoased live B. COUNTY	ed. If institu	ition: residence before admi
FULL NAME	OF (If not in hospital a	or institution.	give street	Mary.			21-18
HOSPITAL OR	oddross or location)	give sheet	C. CITY OR TO	WN (If outside city limits,	, write RUR	AL and give township)
1				Balt:	imore		
Sin	ai Hospital			D. STREET ADI	ORESS (If rurol, give loco	tion)	
				5223	Linden Heigh	hts A	ve.
. SEX	6. RACE		D. DIVORCED (specify)	B. DATE OF BIR	7 7 001. 9. AGE (In year	ors If	Under 1 Yr. If Under 2
Male	White		owed	June-1	7-1894 71		
	UPATION (Give kind of work	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE	(State or foreign country)	1:	2. CITIZEN OF
Bute	(working life, even if refired)	Augu	st Stapf	Baltin	nore Md.	C. (1)	WHAT COUNTRY?
3. FATHER'S NA	ME		-	14. MOTHERS	MAIDEN NAME		
	am Holmes				phine Kellar		
	d Ever in U. S. Anned Forc		2 SECURITION.	17. INFORMANT			ADDRESS
	The Train			Margare	et Carr, Rock	k Hal	1 Md. 21661
18. 4.	2 01	- 1	CAUSE O	F DEATH			INTERVAL BETWEEN
DISEA	SE OR CONDITION DIR	ECTLY	0				ONSET AND DEAT
	LEADING TO DEATH		(A) Cm	ough	Ocely som		Emme dia
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	not meen the mode of		DUE TO	1	***************************************		
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heart foilure	, osthenia, etc. It means mplication which caused	the diseose	(B) Em	klys	eno-	***************************************	
heart failure injury or co	, osthenia, etc. It means mplication which caused ANTECEDENT CAUSES	the disease death.)	(B) EM	klys	eno		
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heort foilure injury or co DISEASES rise la Il	, oslhenia, elc. Il means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a	the disease death.)	(B) Employers (C) Clus	klys . a.ti	emo-	udi	tri
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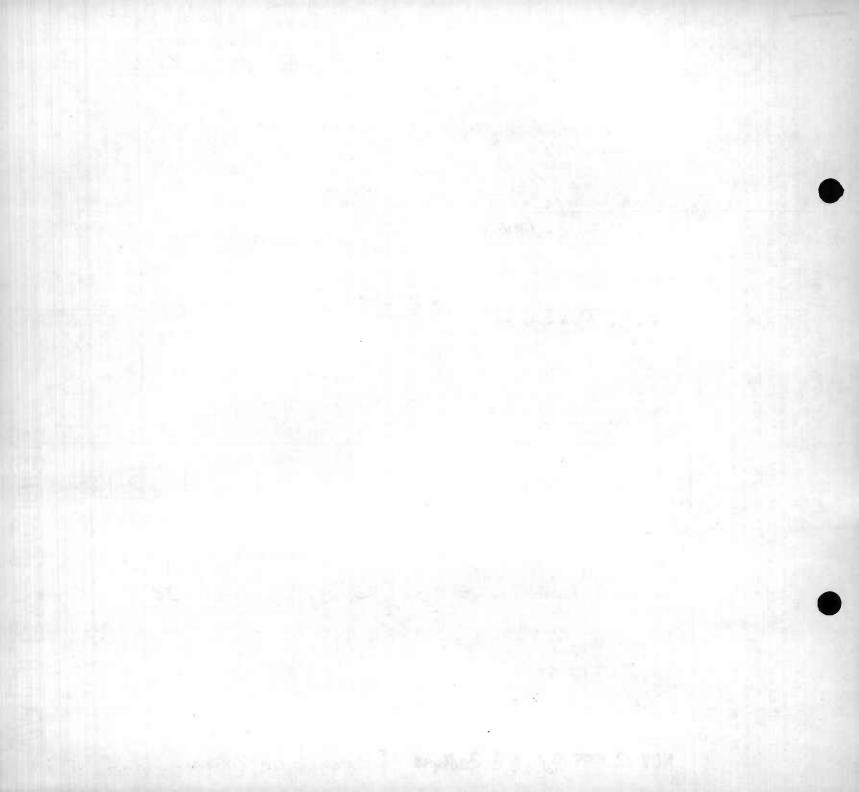
IMPORTAN DIRECTOR: FUNERAL

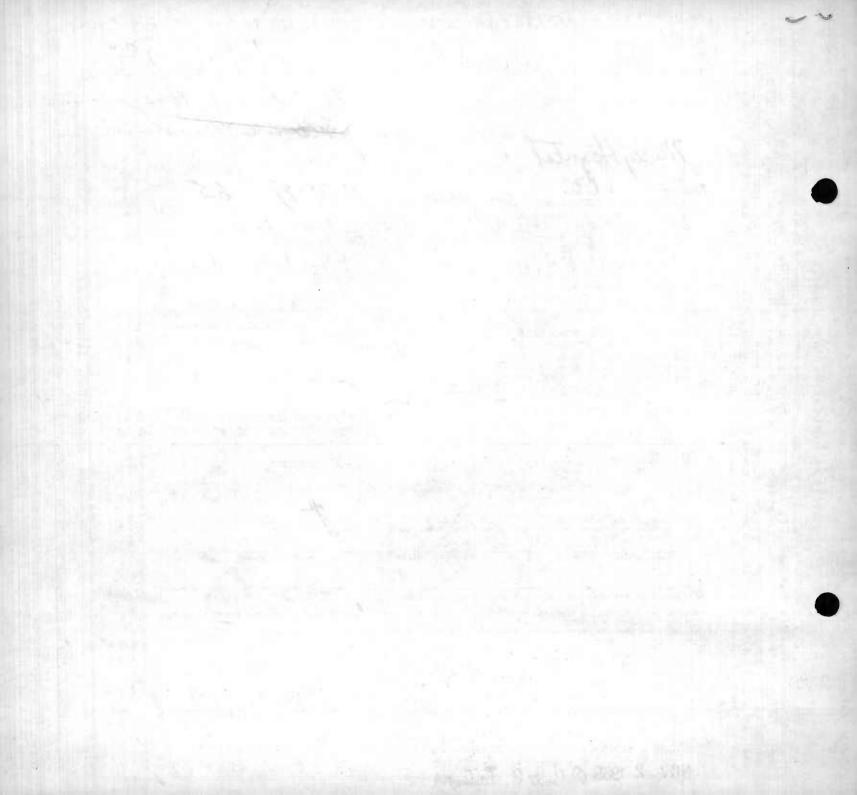
VS 150-REV, 1/1/65

If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? usa 7. INFORMANT Marie E. Fialkowski 1000, S. Kenwood Ave. INTERVAL BETWEEN ONSET AND DEATH Few hours 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimoro City, givo exact location) 23B. DATE SIGNED 10-29-65 3136 Harford Road, 21218 (City, lown, or county) Baltimore, Maryland Dippel Brothers Inc. 1800 E. Lombard St.

Sen Scottis L. COUL Island, Like Could be a fired The state of the s the best transfer of the second of the secon . In her topic to continue and the found to the state of the state of

VS 150-REV. 1/1/65





65 11198

ree 3. PLACE OF DEATH IN BALTIMORE, MARYLAND

BIRTH NO.

(Type or Print)

M.E. CASE NO.

VS 150-REV. 1/1/65

death

BALTIMORE CITY HEALTH DEPARTMENT

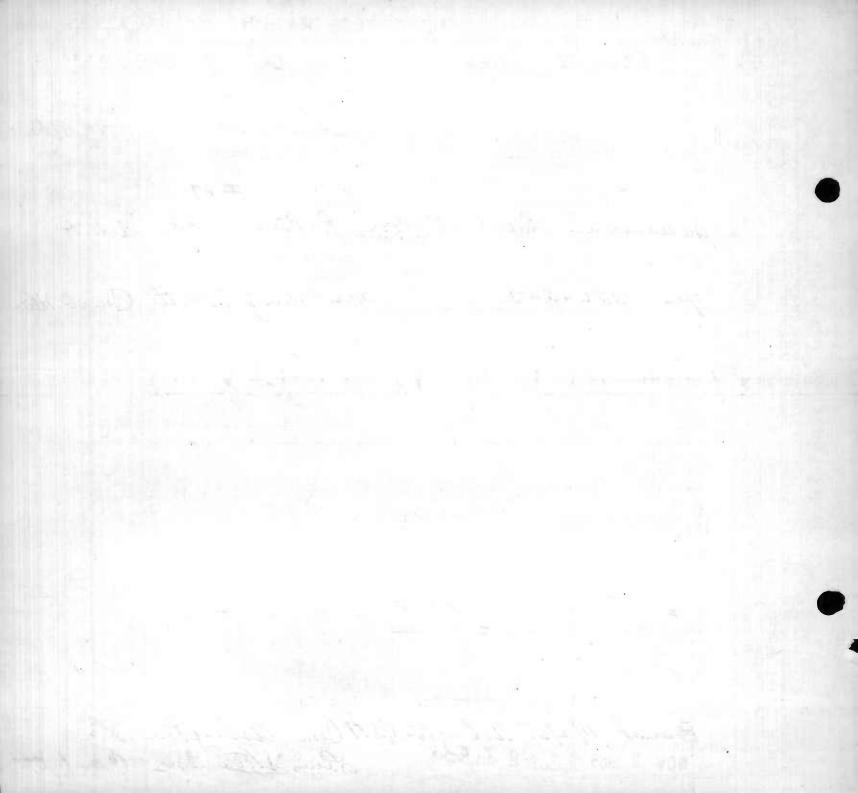
CERTIFICATE OF DEATH

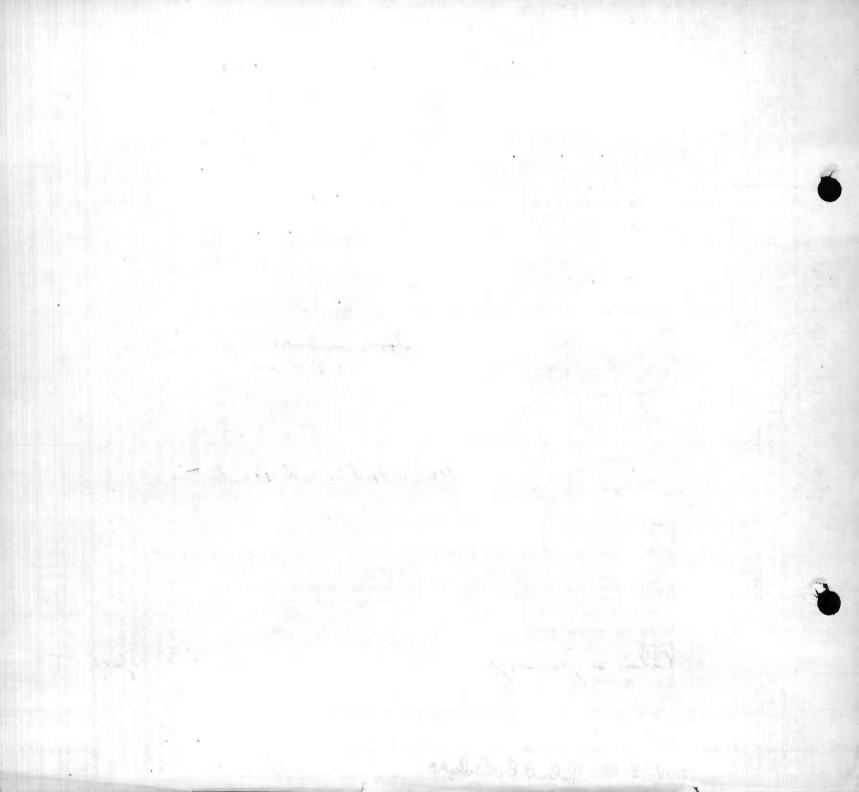
A. STATE

If Under 24 Hrs. If Under 1 Yr. If Under 1 Yr. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? City, give exact location) and that in (aur) apinian death accurred an the date 23B. DATE SIGNED The Johns Hopkins Hospital al ADDRESS 25C. FUNERAL DIRECTOR

Registered Na.

2. DATE AND HOUR OF DEATH



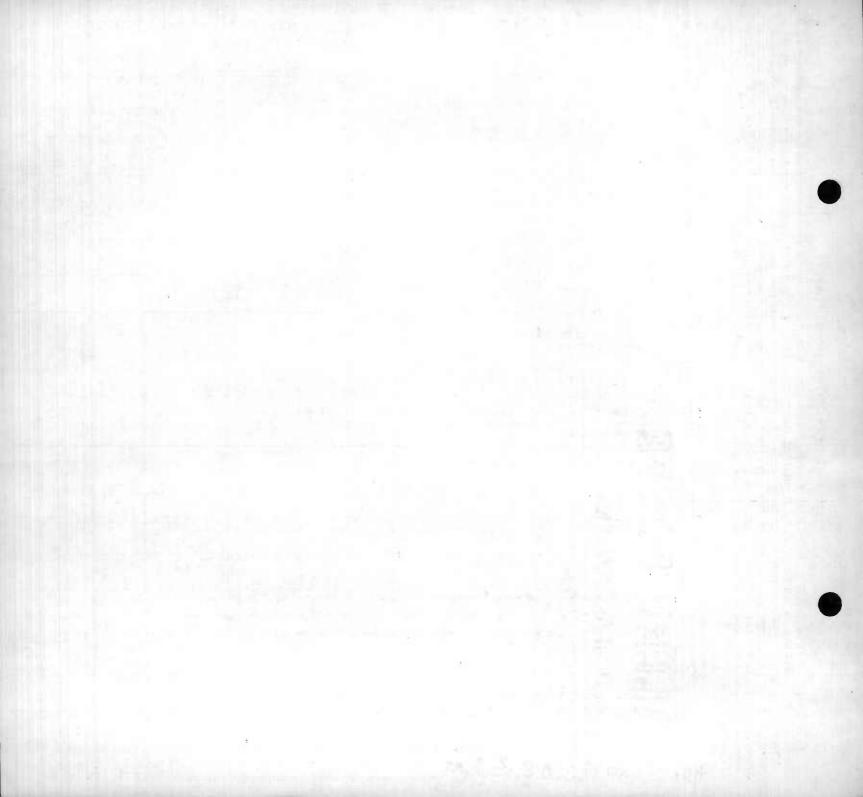


FUNERAL DIRECTOR: IMPORTANT

	E. CASE NO. NAME OF DECEASED (Pp or Pfint)	2. DATE AND HOUR OF DEATH
	PLACE OF DEATH IN BALTIMORE MARYLAND	lian (14. USUAL RESIDENCE (Where deceased lived, If idstitution; residence before
F	FULL NAME OF (If not in hospital or institution, grvo stroot oddross or location)	A. STATE B. COUNTY
0	5-21 S. Part St	D. STREET ADDRESS (If rural, give location) 521 8 (2 ort 84
5. S	F. ACE 7. MARRIED, NEVER M. WIDOWES, DIVORCE	
done	A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS ne during most of working life, even, if retired) The way to be a second of the control of th	S OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS 14. MOTHER'S MAIDEN NAME
15. V (Yes	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dates of service) SECUR	AL IT. INFORMANT ADDRESS
	18. A 20 , I I	CAUSE OF DEATH INTERVAL BET ONSET AND
	LEADING TO DEATH (This daes nat mean the made of dying, e.g., heart failure, osthonio, etc. It means the disease,	DUE TO PER SON TONGOLD CON
ICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OP	PERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
_	2TA. ACCIDENT WAS UNDERLYING 21B. PLACE OF	IN CERTIFYING CAUSES OF DEATH? IF INJURY (e.g., in or obout 21 C. WHERE DID octory, street, office bldg., INJURY OCCUR?
MEDIC	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY O	OCCURRED 21F. HOW DID INJURY OCCUR? Not While At Work
	22. I certify that (I) (this hospital) ottended the decease that (I) (we) last sow the deceased alive on	el. 79/19 61 and that In(my) (cor) opinion death occurred a
-	ond haur and from the causes stated above. (I) (We) (di	(id) (did not) view the body ofter death. 3 48 Bm.
* 6	23A. SIGNATURE 23A. PHYSICIAN'S NAME (Typo) 23C. PHYSICIAN'S NAME (Typo)	M.D. Attending B. Med. Director Phys. 23B. DATE SIGNED 10/30/6.
4	23C. PHYSICIAN'S NAME (Typo) A. BURIAL CREMATION, 24B. DAJE 24C. NAME of CE St St Sta	M.D. Attending S. Med. Stoff Phys. 23B. DATE SIGNED

BALTIMORE CITY HEALTH DEPARTMENT

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a hospital and

(Typ	Pe or Print)	24	2. DATE AND	HOUR OF DEATH	
	EMMA M.	Potee		10-29-6	
1	FULL NAME OF (If not in hospitol or it oddress or location) 36//	S. Hanover St.	A. STATE MD C. CITY OR TOWN (If outs BATO. D. STREET ADDRESS (If re.)	7	RURAL ond give (township)
5. S		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) WIDOW	8. DATE OF BIRTH 9	AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours M
	N. USUAL OCCUPATION (Give kind of work 108 to during most of working life, even if retired) HOUSE WE FE		Y 11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	I.E	
	John Mc Pher.		Violetta -		
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of		17. INFORMANT		Done
	(This does not mean the mode of dy heart failure, osthenia, etc. It means the injury or complication which caused dec	disease,	rerasceera	Failure	
	hearl failure, osthenia, etc. Il means the	disease, olh.) (8) DUE TO , giving	reresclesse		
ATION	heart failure, osthenia, etc. It means the injury or complication which caused dec ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any rise to the obove cause (A) statuments of t	disease, olh.) (8)			
ERTIFIC	heart failure, osthenia, etc. It means the injury or complication which caused dec ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any rise to the obove cause (A) statement of the obove cause (A) stat	(B) (B) (C) (C) (C) (TRIBUTING TO THE			FINDINGS CONSIDERED
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ICAL CERTIFIC	heart failure, osthenia, etc. It means the injury or complication which caused detaining of complication which caused detained to the country of complication with caused detailed to the complication of the obove cause (A) statement of the obove cause of the obo	(B) OUE TO , giving sling lhe TRIBUTING TO THE ON FOR WHICH OPERATION MED 218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or about 21 C. WHERE DID affice bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA (II in Boltimore	FINDINGS CONSIDERED USES OF DEATH? e City, give exact locotion)
EDICAL CERTIFIC	heart failure, osthenia, etc. It means the injury or complication which caused dec ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony rise to the obove cause (A) statement of the obove cause o	(B)	in or about 21 C, WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID INJU	20B. IF YES, WERE IN CERTIFYING CA (II in Boltimore)	FINDINGS CONSIDERED USES OF DEATH?

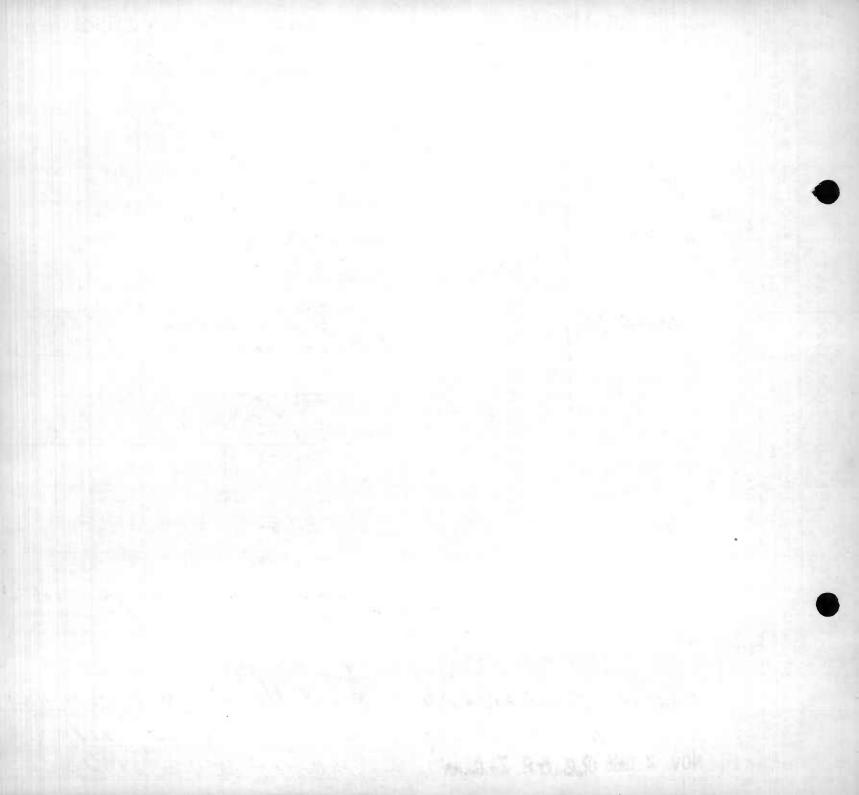
24A. BURIAL CREMATION, 248, REMOVAL (Specily) 24C, NAME & CEMETERY OF CREMATORY DATE Cader VS 150-REV. 1/1/65

24D. LOCATION

(Stote) (City, town, or county)

25C. FUNERAL DIRECTOR

ADDRES:

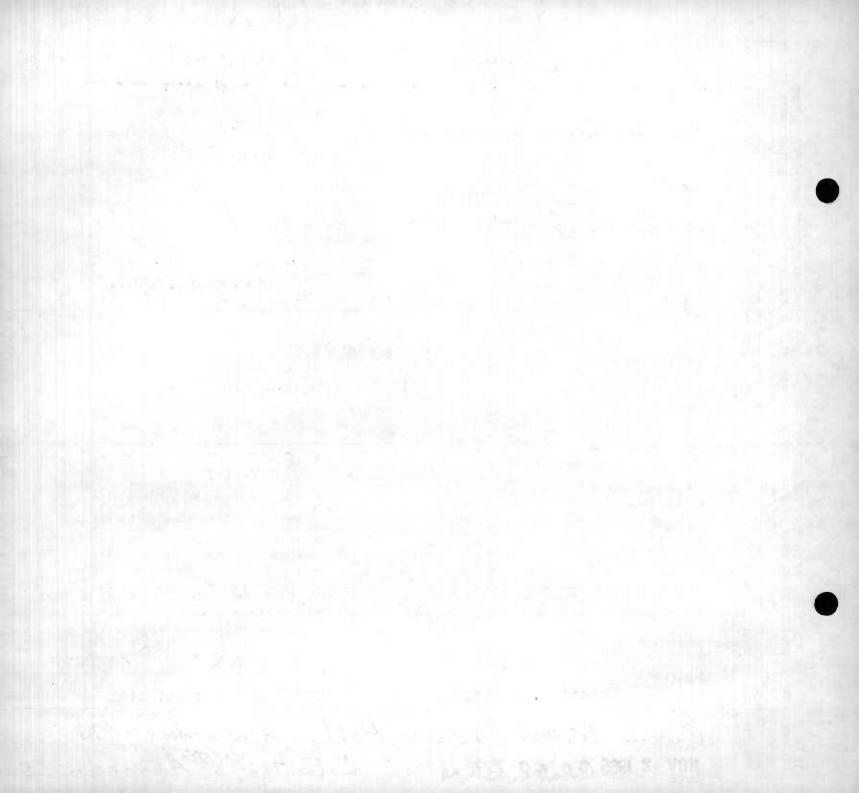


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	se of (5) Dec ance o death.	3. 1	LACE OF DEATH	IN BALTIMORE, MAI	RYLAND		A. STATE B. CO	DUNTY	nstitution: residence before admission)
	hospit use of (5) De ance death		ULL NAME OF	(If nat in hospital	or institution,	give street	MD.	BALT.	2-7-15
	cause use; (5) tendan	1	OSPITAL OR	oddross or location	1)		C. CITY OR TOWN	f outside city limits, write	RURAL and give township)
	T T T	12	CILIAI	1100	DIT	1. 1	DITLT		
	ting d cau		SINAI	Has	FIII	TL	D. STREET ADDRESS	(If tyrol, give location)	ORD
		5. S	EX 6. R.	A C E	7 MARRIED	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	W Hadas I Vs. W Hadas 24 Hea
	ntribu rmine egula ased s mad	J. 3	100	IHITE	WIDOWE	D, DIVORCED (specify)	10/17/1904	lost hirthdoul	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
	occu ontril ermir regul eased is mo	163		13 . 7	MA P	F BUSINESS OR INDUSTRY			12. CITIZEN OF
	in det		during most of working			AGAG-OE	^		WHAT COUNTRY?
	or or or it		SEXTO	N	3//	TOTOUE	POLA	17	USA.
	direct or c b; (4) Undet th was in on the dec	13.	EATHER'S NAME	2/1			14. MOTHER'S MAIDEN		
上	ire ire (4		VOM 4.	MIVA			UNKNO	WN	
2	kind; death ce on	15. Yes	Was Deceased Ever	in U. S. Armed Ford	ces? s of sorvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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<u>a</u>	SOOF		DISEASE O	R CONDITION DIR	ECTLY	A.	100	0	ONSET AND DEATH
≥	Also Also noun atter			DING TO DEATH		(A)	CUTE MYO	TARDIAL IN	FACTION 36 HRS
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U U	X 0 4 3			CONDITIONS, if (
DIRECTOR:	A M E		UNDERLYING CO		sioning ine	(C)			
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~	E. 0 0 .	CAT	DISEASE OR CON	DITION CAUSING I	Т.		T20.6	M-1 700 IF WEE 111	
FUNER	chief Body the I	CERTIFIC	TYA. DATE OF OPE	WAS PERF	FORMED	WHICH OPERATION	ZOA. AUTOPST? (Tes o	IN CERTIFYING CA	FINDINGS CONSIDERED
5	by by 2) B re tl phy fore	CER	21A. ACCIDENT W	AS UNDERLYING	218	B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DI	O (If in Boltimo	re City, give exect location)
		4	OR CONTRIBUTING DEATH (notify mod	AS UNDERLYING COLOR CAUSE OF	hor	ne, lorm, foctory, stroet, of	fice bldg., INJURY OCCUI	?	
	W	DIC		nth) (Doy) (Year)	(Hour) 216	INJURY OCCURRED	21F HOW DID	INJURY OCCUR?	
		MEDI	OF INJURY (APPROX)	, (20)	W	nile At Not While		INJURY OCCUR:	
	proved the hos ny nati except and (6				We				
						1	1 1 -		0/30 1965,
	of a fo		that (1) (we) last	saw the decease	d alive on	10/30	19	that in (my) (aur) op	inion death accurred an the date
	90-t++			m the causes stat	ed abave. (l) (We) (did) (did not) v	iew the body after dea	th	
	ust be eased ident nospit o deat		23A. SIGNATURE	0 1.	21)	E - Mari	s. " — /	23 B. DATE SIGNED
	must eleas ccide a hos to d		Diep	her M.	Magi	Phy		Stoff Phys.	10/30/65
			23C. PHYSICIAM'S NAME_Type	- 1			23D. ADDRESS	160	SDITA
	was r An a L at prior		SIEPH	EN M	· KI	TPLAN M.D.	SINA	TU	SPIIHL
	certificate body was res (1) An a D.O.A. at assed prior	24A	REMOVAL (Specif	ON, 24B, DATE	24C. N	AME OF CEMETERY OF CRE	MATORY 241	LOCATION (C	ity, town, or county) (State)
	Cer Vs: D. D.	10	URIAN	10111	965 6,	HHIRAAH	AVASCEM	MANDA	LASIOWN MU
	This certificate the body was reshows: (1) An a was D.O.A. at deceased prior written approv	25A	. DATE REC'D BY	HEALTH DEPT.	25B. NAME	AL L	25C. FUNERAL DIREC	TOR	ADDRESS M
	される 3 点 3		VOV 2 19	55 R.D. A	E. Fai	See A.A	Jack Tell	us one o	LIUOLUIAWIL,
		VS.	150-REV. 1/1/65					O	

Western Committee of the Committee of th DE FIRE THE THE CALL WAS AND A TON THE PARTY OF THE in the first own and the self in the first second will

(L N]		E OF DEATH Registered No.65 11204
75705	BIRTH NO. 65 11204 CERTIFICAT	E OF DEATH Registered No.
and ase th th	I, NAME OF DECEASED	, 2. DATE AND HOUR OF DEATH
- 70 0 5	(Type or Print) Brown, William Edu	vard 10/28/65 11:00 PM
Dof Dec	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	L USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
S	FULL NAME OF (If not in hospital or institution, give sheet	mid. A.H.
	LICCOLAL OR - LICENS	C. CITY OR JOWN (If outside city limits, write RURAL and give township)
	montobello State Hospital	Annapolis 52-10
ng cau cau	Monra mue sours wespira	D. STREET ADDRESS (If wool, give location)
ar ar		833 pa 120.
ule popular	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. WIDOWED, DIVORCED (specify)	DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
ntin ntin ntin ntin ntin ntin ntin ntin	married married	3/10/83 80
h co ete	10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11 done during most of working life, even il retired)	WHAT COUNTRY?
or nd de de	ret. civil service	Maryland U.S.
f de ct o Un Vas		MOTHER'S MAIDEN NAME
i si	William H Brown	Julia Oorslay
stant ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give was as dates of sasvica) SECURITY NO.	INFORMANT ANNABOLIS - ADDRESS
kir kir de de ing	No 212-54-931	o Dolia Brown 833 fra Rd.
if if if ed dar	18. 14. 4 X + 260 Y CAUSE OF	DEATH INTERVAL BETWEEN
Also, ire of an nounce attend	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
Als nou att	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	achexia
יסורים	hoart failure, asthenia, etc. It means the disease,	
an and and and and and and and and and a	ANTECEDENT CAUSES (B)	cinoma palato
The see	DISEASES OR CONDITIONS, if ony, giving	
3) / 2	rise to the above cause (A) stating the (C)	
ins ins	UNDERLYING CONDITION last.	
dica dica rrns rsic wa	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
by by	other significant conditions Contributing TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	tos mellitus
dy dy ici	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ch BBo	O O O O O O O O O O O O O O O O O O O	No
1 by	OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in of home, loim, loctory, street, office	e bldg INJURY OCCUR? (If in Boltimore City, give exact location)
No No	DEATH (notify medical examiner) etc.)	
aturatur aturatur pt v (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY White At Not White	21F. HOW DID INJURY OCCUR?
> = 0 0 0	(APPROX.)	
	22. I certify that (I) (this hospital) attended the deceased from	10/19 1965 to 10/28 1965,
of o	that (1) (we) lost sow the deceased olive on 10/28	19 65 and that in (my) (our) opinion death occurred on the date
be ed at at at at at at	ond hour and from the causes stated above. (I) (We) (did) (did not) vie	
eas ider hosp o de	23A. SIGNATURE A.D. Attend	23B. DATE SIGNED
at the	Phys.	
at at at ior	NAME (Type)	Name of the state
certificat sody was s: (1) An D.O.A. at ased pric		Montebello State Hospital
T DOOD	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	ATORY 24D. LOCATION (City, town, or county) (Stote)
	BUTIAL Oct. 31-65 Brewer F	THE AMAPONIS -/1/d.
This certification of the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
- 4 > 0 >	NOV 2 1965 P. C. B. Falley 14	ICIE: MICHS HANAPOLISTING
	V3 1307KEV, 1/1/03	

FUNERAL DIRECTOR: IMPORTANT



VS 150-REV. 1/1/65

Such

7-12- 65 11205	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.05 2	CERTIFICA	TE OF DEATH	Registered No	65 112
M.E. CASE NO.	CLIVIIIICA			
1. NAME OF DECEASED (Type or Print)			HOUR OF DEATH	
LOUIS I RE	STICK	007	TORER 3	0/965 / O /OA M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived If ins	figution: residence before admission)
		A. STATE B. COUNT		17-10
FULL NAME OF (If not in hospital or institution, gr	ive street	MARYLAND		1
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outs	ide city limits, write R	URAL and give (awnship)
THE STATE OF THE S		BALTIMOR	- Andrews	
CINIOI HACDITOLA	- 02	D. STREET ADDRESS (If ru	rol, give location)	
SINAI HOSPITAL OF	154-11110124	11 22 - DD	MANAGE	111-
		4003 1181	MROSE	AVC.
5. SEX 6. RACE 7. MARRIED, I	DIVORCED (specify)		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Ooys Hours Min.
MAIE CAUC MAR	DIED	10/4/00	/ 3	77.01.01.01.01.01.01.01.01.01.01.01.01.01.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF	RUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	6 J	12. CITIZEN OF
dane during most of working life, even if retired)		The state of the s	ii coomiy,	WHAT COUNTRY?
Painting Cont	ractor	Russia		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	F	USA
Joseph Tretick		Rachel	?	
	1 6. SOCIAL	17. INFORMANT		ADDRESS
	SECURITY NO.			
No	214-30-5539	Mrs. Rose Tret	ick 4005	Primrose Avenue
18. //- /	CAUSE OF	DEATH		INTERVAL BETWEEN
DISTACT OR COMPLETE ON DISTACTIVE				ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ne	ITT My. aan		1/11/11/05
	(A) / C	ITE MYOCARD	196 INFTR	CTICK 4 17001CS
(This daes nat mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	OUE 10			
injury or complication which caused death.)	11	nsallo		11111111
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ANTEGEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, giving				
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)		***************************************	
ONDERCTING CONDITION (ds).				All and the second second
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	HICH OPERATION	[20A. AUTOPSY? (Yes or No)]	20B. IF YES, WERE F	INDINGS CONSIDERED
194. DATE OF OPERATION 198. CONDITION FOR W			IN CERTIFYING CAL	ISES OF DEATH?
W 21A ACCIDENT WAS HADERI VINCE	ALACE OF MULICIPAL - 1	1216 WHERE DID	(AC 1 B A)	C:
OR CONTRIBUTING CALLSE OF home	e, form, foctory, street, affi	or about 21 C. WHERE DID	tit in Boltimore	City, give exact lacation)
DEATH (notify medical examiner) etc.)				
	INJURY OCCURRED	21F. HOW OID INJU	DY OCCUPS	
# OF INJURY			KT OCCUR?	
(APPROX.)	e At Not While			
22 1 27 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/	107.30 IS	65 10 00	7 30 19 65
22. I certify that (I) (this hospital) attended the				Characteristics of the Control of th
that (I) (we) last sow the deceased alive on	.OCT 30	19 90 and the	t in (my) (our) opin	nion deoth occurred on the date
and hour and from the couses stated above. (1)	(We) (did) (did not) vi			
	(114) (010) (010 1101) 41	ew the body dilet deom.		Total Bridge Control
23A SIGNATURE				23B. DATE SIGNED
Herest toller	M.D. Atter	nding Med. Sirector	hys.	OCT. 39,1965
28C. PHYSICIAN'S		3D. ADDRESS	,	
NAME (Type)		o Abbuttaa		
Herbert tallons	M.D.		Cinai	Harmital
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY of CRE	MATORY 24D, LO	CATION (Cit	y, town, or county) (State)
REMOVAL (Specify)	The state of the s			
Burial 10/31/65. Heb	rew Young Mens	Ra	ltimore, Ma	ryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	F REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
NOV 2 1965 P. D. A 2 . J.	2. Changes		& Bros. 601	O Reisterstown Road
MAN IN INDIA (IMPRING C., MC		SOL LEVUISON	0 0,000	

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VS 151-REV. 1/1/65

Type or Print)	HARRY	BORENSTEIN, JR.		R 29, 1965	2:15 F
FULL NAME HOSPITAL OR INSTITUTION	oddross or location	or institution, give street	MARYLAND C. CITY OR TOWN (If out:	e doceosed lived. If instry side city limits, write R	URAL ond give township)
5. SEX	6. RACE	7, MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
MALE	WHITE	DIVORCED		67	
done during most o	CUPATION (Give kind of work I working life, even if retired) I RED	10B. KIND OF BUSINESS OR INDUSTR	BALTIMORE,		12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NA	ME	COOTHING	14. MOTHER'S MAIDEN NAM		usa
AAI	RON HARRY BORE	ENSTEIN	RACHEL CO	OPER	
	d Ever in U. S. Armed For		17. INFORMANT		ADDRESS
NO NO	n) (If yes, give wor or date	s of sorvice) SECURITY NO.	MRS. ESTHER SC	HWART7MAN :	3204 GARRISON BL
18.	2001	CAUSE	OF DEATH	THE PERSON NAMED IN COLUMN 1	INTERVAL BETWEEN
DISEA	SE OR CONDITION DIE	RECTLY		11	ONSET AND DEATH
(This does	LEADING TO DEATH	(A) HB1	ERIOSCLEROTI DISEASE	C MEART	12 YRS
	, asthenia, etc. 11 means		VISEASE		
	mplication which caused				
injury or ca	ANTECEDENT CAUSES	(B)	**************************************	8 T	
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DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if	(B) DUE TO any, giving			
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3. P	LACE OF DEATH IN BALTIMORE, MAI	RYLAND	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institutions residence before admission
H	ULL NAME OF (If not in hospital of oddress or location oddress or location)	or institution, give street n)	MARYLAND C. CITY OR TOWN (If outside city limits, with BALTIMORE)	ite RURAL and give township)
1	HOUSE THE THE	DAMES DELLES	D. STREET ADDRESS (If rurol, give location)	
	HOUSE IN THE	PINES-BELVEDERE	5106 QUEENSBURY ROAD	
5. S	EX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 H Months: Doys Hours: Min.
1	EMALE WHITE	MARRIED (specify)	lost birthdoy 77	Months Doys Hours Min.
		TOR KIND OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITTEN OF
	during most of working life, even if retired)	I BOSINESS OK INDUSTRI	II. BIKINICACE (Store or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE	AT HOME	BALTIMORE. MARYLAND	UCA
3. 1	ATHERS NAME	1.00000	14. MOTHER'S MAIDEN NAME	USA
	WOLFE PAYMER		BLUMA PESKINO	
5. V	Vas Deceased Ever in U. S. Armed Force, no or unknown) (If yes, give wor or date:	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
_	NO	216-22-4530 CAUSE OF	A	HILHAM ROAD
	injury at camplication which caused	deam./	V	
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HEALTH DEPT. 258. NAME OF REGISTRAR

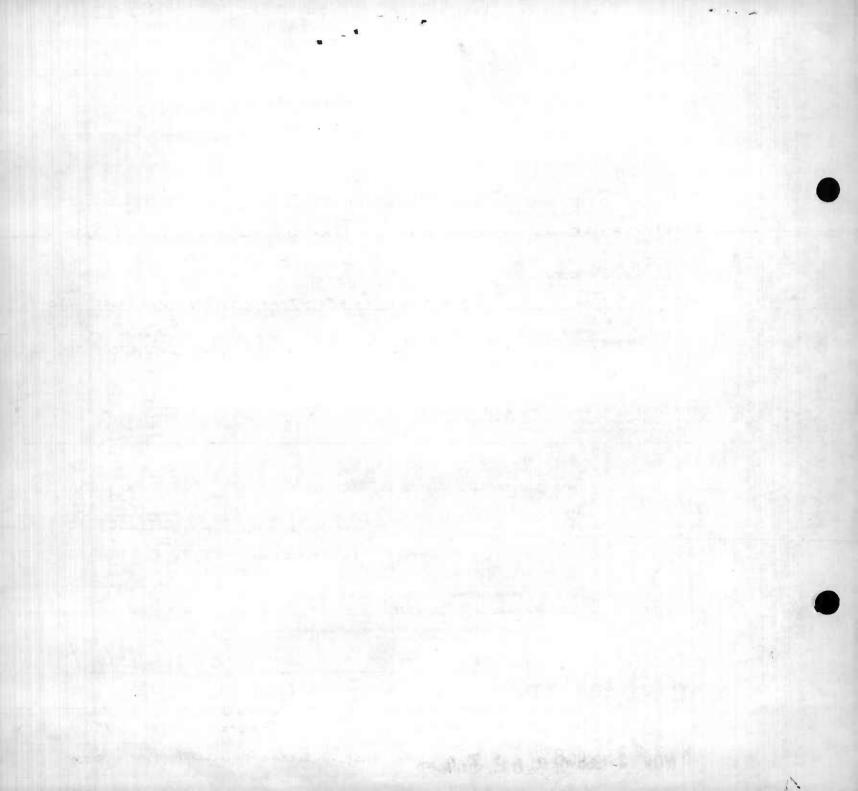
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ody w s: (1) / D.O.A.	written annroval must be otherined before the remains are embalmed or final disnosition is made
This the b	write
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death; and (6) No physician was in regular attendance on the deceased prior to death; and (6) No physician was in regular attendance on the deceased brior to death;

65 11210	BALTIMORE CITY	HEALTH DEPARTMENT		65 11210
BIRTH NO.	CERTIFICA	TE, OF DEATH	Registered Na	OO LIALO
M.E. CASE NO. 1, NAME OF DECEASED	3-11.11.1	- 2	D HOUR OF DEATH	
(Type or Print) CLARENCE Edward 3, PLACE OF DEATH IN BALTIMORE MARYLAND	er	10/3	11/65	16:10 8
S. PLACE OF DEATH IN SALTIMORE, MARTLAND		4. USUAL RESIDENCE (When	e deceased lived. If ins	Hilution: residence before admission
FULL NAME OF HOSPITAL OR oddress or location)	, give street	C. CITY OR TOWN (If out	side city limits, write R	URAL ond give township)
2 SINAL HOSPUTAL		BALTIMO	25	
JINNI NOSTURE			rurol, give location)	٥.
SEX 6. RACE 7. MARRIE	D. NEVER MARRIED		SECKEST /	< 0
MALE CAUC. WIDOW	ED. DIVORCED (specify)	8/7/22	9. AGE (In years last bighday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
0A, USUAL OCCUPATION (Give kind of work 10 B, KIND one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or farei	gn country)	12. CITIZEN OF WHAT COUNTRY?
ELECTROLOGIST		BALTIMOS	26	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
HARRY		HNNIE		
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown)((If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
YES I	214-03-0964	ALICE STOLER	- 3909 R	SECREST PA
18 0 5 1 1	CAUSE OI		0101 11	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) Acui	te Yellow A.	tronky	Apr. 7-10 day
(This does not mean the made of dying, e.g. heart failure, asthenia, etc. It means the diseas	g., DUÉ TO			
injury at camplication which caused death.)		um Hepatis	1	
ANTECEDENT CAUSES	DUE TO	um Hepatis	13	
DISEASES OR CONDITIONS, if any, givin				
rise to the above cause (A) stating the UNDERLYING CONDITION last.	e (C)		** o= cos co	**************************************
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.	N G THE			
19A. DATE OF OPERATION 19B. CONDITION FOR		20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING	B. ALACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF	ome, lorm, foctory, street, of	fice bldg., INJURY OCCUR?		7. 0
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S OF INJURY	Vhile At Not While		JKI OCCUR:	
	Vork Al Work			
22. I certify that (1) (this hospital) attended	the deceased from	10/16	9 65 to	10/71 1965
that (1) (we) last saw the deceased alive an	10/31	19 65 and the	at in (my) (aur) agin	ion death occurred an the d
and haur and fram the causes stated above.	(1) (We) (did) Idid nat) v			
23A. SIGNATURE				23B. DATE SIGNED
1 Ceans Co. Reulenne	M.D. Alle	nding Med.	Stoff Phys.	10/31/65
23C. PHYSICIAN'S	Phy:	S. Director 23D. ADDRESS	Phys.	10 (7(183
(NAME (Type) D (D. (to M.D.	Sinai Hosp	of B./	(v)
Jerome Van L 24A. BURIAL CREMATION, 124B. DATE 124C.1	rmis iter		CATION (City	r, town, or county) (Stote)
REMOVAL (Specify)	lindsor MILL TRE		LTC.	(Stole)
BOKINE	OF REGISTRAR	25C, FUNERAL DIRECTOR		
NOV 2 1965 PER S. NAME	taller	SYLVANS, LEWIST	-SON, INC. 3319 C	Lympia AUE
/S 150-REV. 1/1/65 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		4.4		



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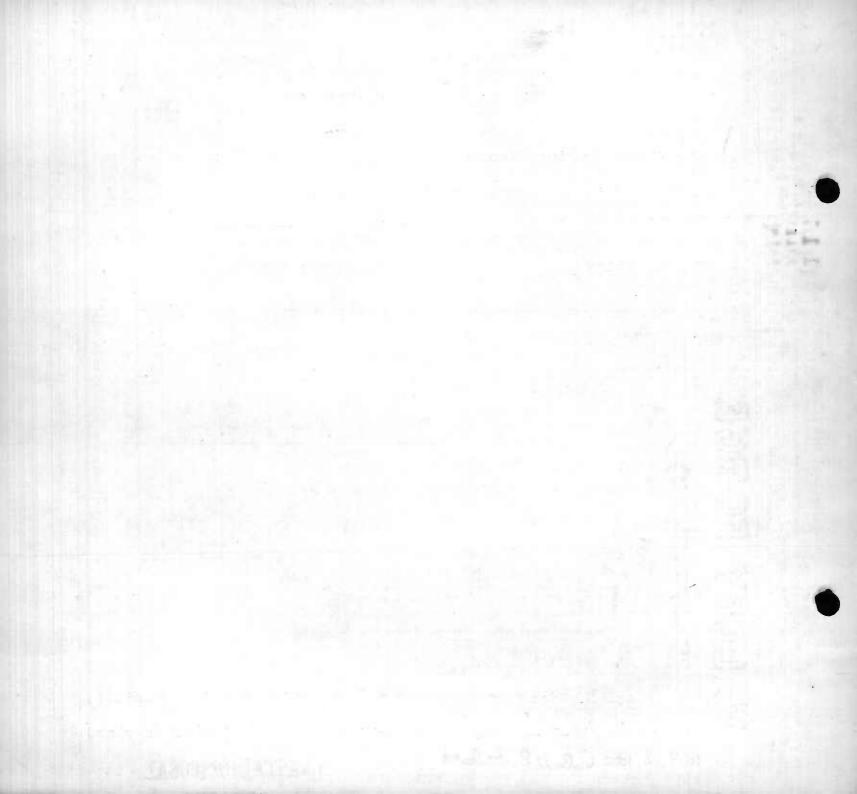
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ah 3. PLACE OF DEATH IN BALTIMORE, MA 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If not in hospital or institution, give street FULL NAME OF IGN O HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION 1000 D. STREET ADDRESS Lombard + Greene (If rurol, give location) GTON 5, SEX MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 9. AGE (In years If Under 1 Yr. Months: Doys 6. RACE B. DATE OF BIRTH If Under 24 Hrs. Hours lost birthdoy Senarate 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME ann 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) ADDRESS 17. INFORMANT 6. SOCIAL SECURITY NO. 54 217-03-118. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury at camplication which caused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimore City, give exact location) MEDICAL DEATH (notify medical examined) (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) At Work Work NOV 22. I certify that (A) (this hospital) attended the deceased fram 19 65 to that (1) (we) last saw the deceased alive on. 1965and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated above. (D(We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type 24A. BURIAL CREMATION, 24B. 24C. NAME of CEMETERY OF CREMATORY DATE 24D. LOCATION (City, lown, or county) REMOVAL (Specify) Ito. NaTh. Com 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

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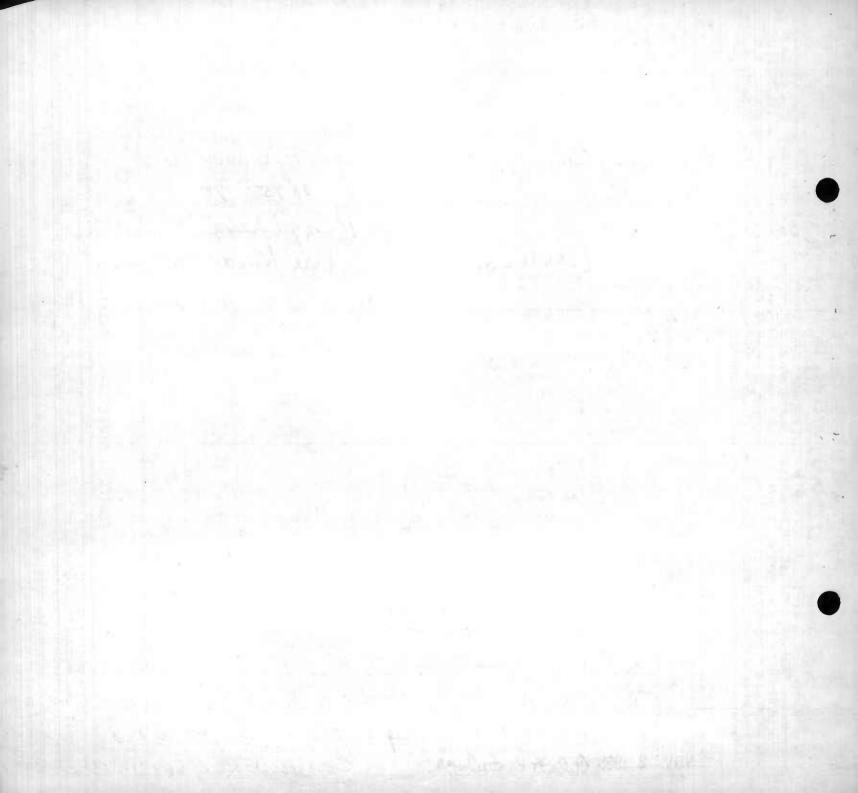
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hospital

BALTIMORE CITY HEALTH DEPARTMENT 65 11213 Registered No. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYL A. STATE (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION MARRIED, NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH If Under 1 Yr. Months Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy) Hours 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 6. SOCIAL 17. INFORMAN ADDRESS SECURITY NO. CAUSE OF DEATH ONSET AND DEATH LEADING TO DEATH Teneralized artenoscierosis ANTECEDENT CAUSES DUE TO

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 9 DISEASE OR CONDITION DIRECTLY mbalmed (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It meons the diseose, injury ar complication which caused death.) DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION last. remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) WEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While [(APPROX) Work At Work to10-26 22. I certify that (1) (this hospital) attended the deceased from 1965 that (1) (we) lost sow the deceased alive on 10-2-7 ... ond that in (my) (est) opinion death occurred on the date ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff Phys. Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 1618 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify)



FUNERAL DIRECTOR: IMPORTANT

65-203

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and the second s		A. STATE B. COUN		7-6-33
(If not in hospital or instituti address or lacation)	on, give street	C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
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		2438 SEZ	BURY A	IVE.
	HED, NEVER MARRIED WED, DIVORCED (specify) IN FAWT	8-13-65	9. AGE (In years lost birthday)	ff Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10N (Give kind of work 108, KINE		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
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		14. MOTHER'S MAIDEN NA	ME	
	CKSON		n We	EUS
in U. S. Armed Forces? res, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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IDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSE? (Yes) or No	N 208 IF VES WERE	FINDINGS CONSIDERED
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saw the deceased alive	on 10/31	19 65 and th	nat in (aur) ap	inian death occurred an the date
	e. (I) (We) (did) (did not) v			
1 1 - 0	()	. Al	. /	23 B. DATE SIGNED
best M Z		s. Director 23D. ADDRESS	Stoff Phys.	10/31/65
		d-	- 1	11
T M. GORDO.		UNIVER		14021/14C
ION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	2	OCATION	City, town, or county) (State)
11-3-65	1 It. Cluburn	Cemilery 250/FUNERAL DIRECTO	Balling	re, Md.
HEALTH DEPT. 258. NAM		25C FUNERAL DIRECTO	7. 11	ADDRESS
1965 00 68	Farbura	Wharles a.	True, 661	W. Barre St.

Letter from home type of Bly

NOV 2 VS 150-REV. 1/1/65

1965 R.C. & Z. Jack

METH NO TOP	24565 112	45		HEALTH DEPARTMEN	-/	65 11215
M.E. CASE NO. 1. NAME OF DE (Type or Print)	ECEASED				AND HOUR OF DEATH	1 ,
•	Baby 🐠		ith		ober 21, 1965	
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND			Where deceased lived. If OUNTY	institution: residence before admission
FULL NAME	OF (If not in hospital		give street	Maryland		Batto
HOSPITAL OF	Provident		ลไ		f outside city limits, write	RURAL ond give township)
	1514 Divi			Baltimore		5500
29	Baltimore			D. STREET ADDRESS	(If rurol, give location)	
pt 1				8034 Norris	Lane	
. sex Female	6. RACE Negro		D, DIVORCED (specify)	10-20-65	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
OA. USUAL OC	CUPATION (Give kind of world	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
ane during most o	of working life, even if retired)			Maryland		U.S.A.
3. FATHER'S NA	AMF			14. MOTHER'S MAIDEN	NAME	0.0.2.
				The state of the s		
144 6	1 P (11 A A		11 (2001)	17		
es, no or unknov	ed Ever in U. S. Armed For wn) (If yes, give war or date	es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
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DISE	ASE OR CONDITION DIE LEADING TO DEATH	RECILI	TA	1 MATURITY		
	nal mean the made of		DUE TO	***************************************		
	e, asthenia, etc. It means amplication which caused					
(0.7)	ANTECEDENT CAUSES		(B)			
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2	11					
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OR CONTRI	BUTING CAUSE OF	hor	ne, form, foctory, street, of	fice bldg., INJURY OCCU	R?	
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OF INJURY	tivionini (Doy) (Teoli		hile At Not While		INJURY OCCUR?	
(APPROX)		W	ork			
22. 1 certif	fy that (1) (this hospital) ottended	the deceased from OC	tober 20,	1965 to Oct	ober 21, 1965
	e) last sow the decease			12	d that in (my) (our) on	pinion death accurred on the do
	and from the causes sto					
23A. SIGNAT			ar table form form in	The body dilet dec		23 B. DATE SIGNED
1	on B. Car	aera,	M.D. M.D. Atte	ending Med. Director	Stoff Phys,	October 22, 1965
23C. PHYSIC NAME	IAN'S (Type)			23D. ADDRESS	The second	
117912	Dr. Cover	ra	M.D.	1514 Divisio	n Street . ner	1 110
A. BURIAL CI	REMATION, 24B. DATE		AME OF CEMETERY SACE	AUATORY DUA 124	D. LOCATION	Sity, Town, or county) (State)
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	10 46	60	UNIV	ERSILYME	DICAL SCIT	UUL
DA. DATE KEC	D BY HEALTH DEPT.	ZDB. NAME	OF REGISTRAR	25C. FUNERAL DIREC	TOK	ADDRESS

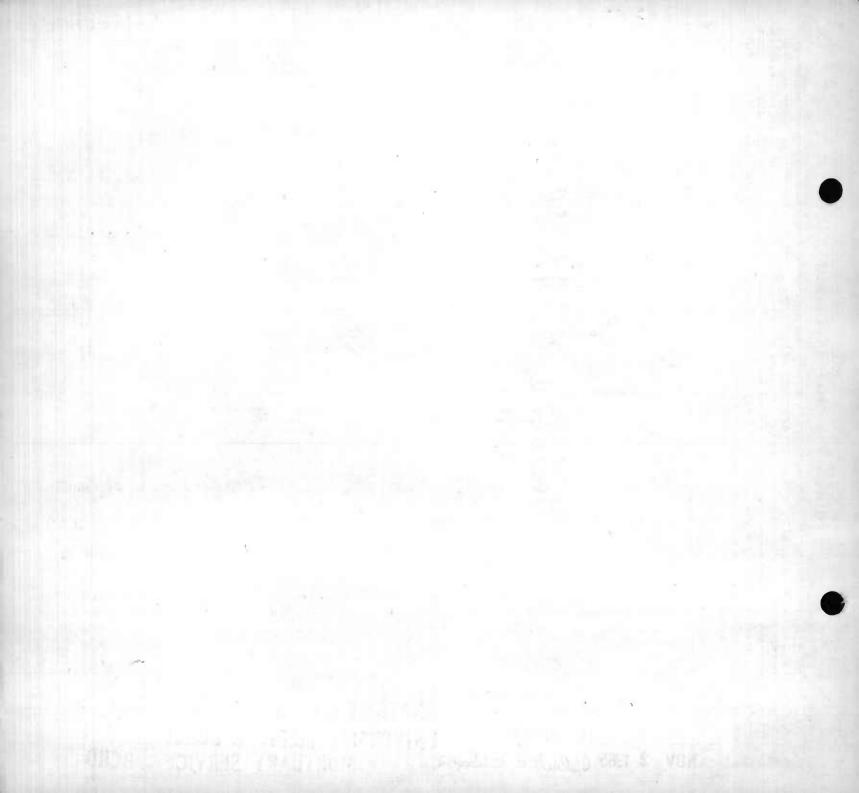
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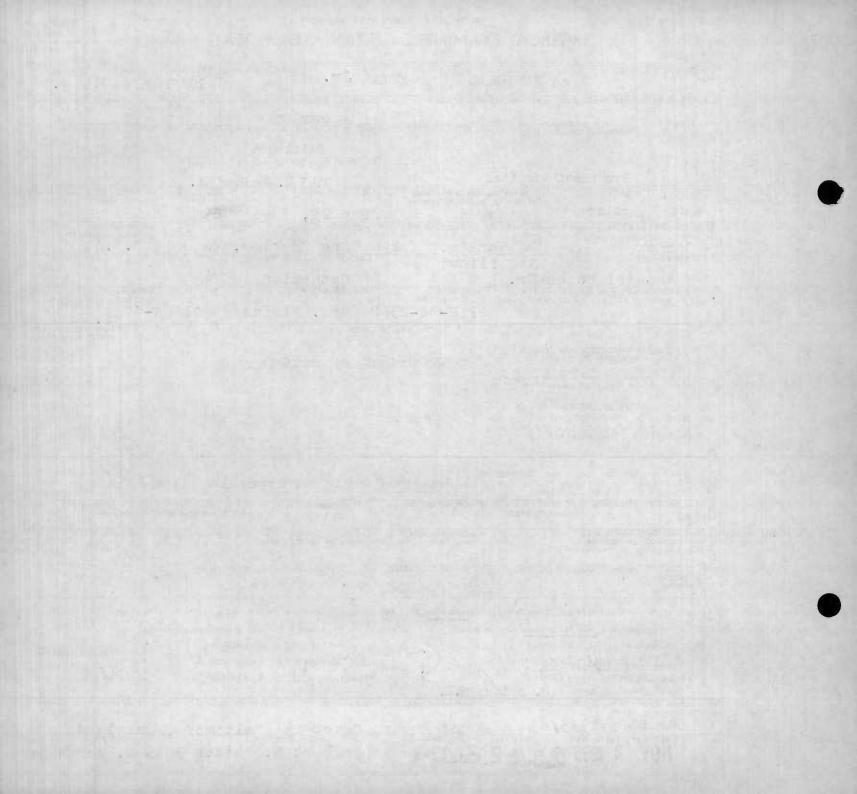
65-26512			OF 11010
BIRTH NO. 65 11216	CERTIFICA	TE OF DEATH Registered No.	65 11216
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	н
Type or Print) Baby of Jose	phine Walker	October 20, 196	5 6: r
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		October 20, 196 4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. CDUNTY	institution: residence before admissi
FULL NAME OF (If not in hospital or institut		Maryland	12-11
HOSPITAL DR oddress or location)	ion, give sweet	C. CITY OR TOWN (If outside city limits, write	e RURAL and give (ownship)
Provident Hos	pital	Baltimore	
1514 Division		D. STREET ADDRESS (If rural, give location)	
Baltimore, Ma		3253 Yosemite Stre	et
SEX 6. RACE 7. MARI	RIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24
27 9 27	OWED, DIVORCED (specify)	October 11,1965	Months Doys Hours Min
OA. USUAL OCCUPATION Give kind of work 10B. KIN	Single D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
lane during most of working life, even if retired)		3.6	WHAT COUNTRY?
	None	Maryland	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Howard Hammond, Jr.		Josephine Walker	
5. Was Deceased Ever in U.S. Armed Farces? Yes, no ar unknown! (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	no	Josephine Walker-mother	
18.	CAUSE O		Same Interval between
ANTECEDENT CAUSES	DUE TO		www.uq.dup.mmae.ca.du.dup.ww.uu.up.a.g.pp.g.d.q.p.0.py.q.d.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a
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MEDICAL EXPANSITION OF THE OF DEATH		MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered
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1. NAME OF DE		NATHANIAL 1	MOSES Sr.	2. DATE AND HOUR PRONOUNG 10/3]	
FULL NAME OF HOSPITAL OR INSTITUTION		HERE PRONOUNCED DEAD AL OR INSTITUTION, GIVE STREE	ET Mary C. CITY OR TOW	NCE (Where deceased lived. If in B. CO Land N (If outside corporate limits, wri Limore ESS (If rural, give location)	stitution: residence before admissionally ite RURAL and give township)
34	Provident H	Josnital	4.		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	W. Mosher St.	If Under 1 Yr. If Under 24 H
male	colored	Widowed Widowed	May 29,		Months Doys Hours Min
	working lile, even if retired)	Md Workshop f		harles. Va	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NA		the Blind	14. MOTHER'S MA		000011
	miel Moses	Sr.	Cathe	rine ?	
	ED EVER IN U.S. ARMED			Elaine Hamilto	543 Mosher
(This does	not meen the mode of	141 11	rcinoma of pro	State	
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DISEASES RISE TO THE UN DERLY! OTHER SIC TO THE DISEASE COMPANY OTHER SI	e, osthenio, etc. It meons complication which coused ANTECENDENT CAUSE OR CONDITIONS, IF A LEAST OF CONDITIONS AND CONDITIONS TO THE CONDITIONS DEATH BUT NOT REPORT CONDITION CAUSING CONDITION	CONTRIBUTING LATED TO THE Arter: IDITION FOR WHICH OPERATIO FORMED ALLE OF INJURY	iosclerotic ca N 20A. AUTOPSY?	erdiovascular dise (Yes or No) 20B. IF YES, WERE F IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
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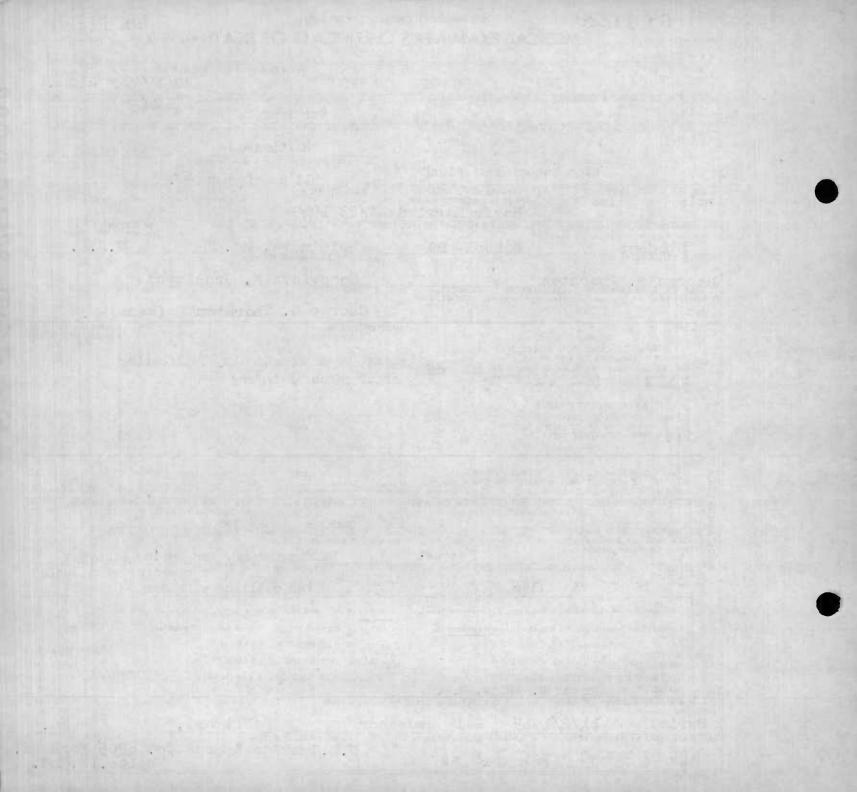


3.	LE CASE NO. NAME OF DECEASED YOUR OF PRINT! PLACE OF DEATH IN BALTIMORE, MARYLAND PLACE OF DEATH IN BALTIMORE, MARYLAND	14. USUAL RESIDENCE! (Where deceased lived, If institution; residence before admit	M.
3.	FULL NAME OF (II not in hospital or institution, give street oddress or location) INSTITUTION	A. STATE MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give Township)	
prior to	Johns Hopkins Hospital	D. STREET ADDRESS (If rurol, give location) 1256 MERIDENE DRIVE	
peu s	Male 6. RACE White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARY CLED	11-0-17 44	24 Hrs. Win.
dece	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUS ine during most of working life, even if refired) Insurance Sales FATHERS NAME	TRY 11. BIRTHPLACE (Stote or foreign country) Flwood Nebraska 14. MOTHER'S MAIDEN NAME	les
dispo	HARRY Halker . Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	FRANCES TEWELL 17. INFORMANT ADDRESS	
or final	Yes WORLD WAR 11 521-13-60	22 BETTY L. HALKER 1256 HERIDENE INTERVAL BETWEEN ONSET AND DEATH	N
almed	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease,	Tyocardial Infarctions 3 weeks + lo	day
regula are emb	injury or complication which coused death.) ANTECEDENT CAUSES DISTANCE DISTANCE ON DISTANCE I any, giving I is lo lhe obove couse (A) stating lhe (C)		
was in	UNDERLYING CONDITION Iosi.		0.0000.000000
Serem		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
ysi e tl		the last contract of the last	
before the	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e home, form, foctory, stree DEATH Inotify medical examiner)	.g., in or obout 21 C. WHSKE DID (If in Boltimore City, give exact location) t, office bldg., INJURY OCCUR?	
ained befor	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e home, form, foctory, stree etc.) DEATH Inotify medical examiner) 21D. TIME (Month) (Doy) (Year) IHour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR? While Vork	
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e obtained befor	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner) 21D. TIME (Month) (Day) (Year) [Hour) 21E. INJURY OCCURRED While At Work 22. I certify that M (this hospital) attended the deceased from that M (we) last sow the deceased above. (M (We) (did) (did medical examiner) 21B. PLACE OF INJURY (e) Page 121. INJURY OCCURRED While At Work 21E. INJURY OCCURRED While At Work 22. I certify that M (this hospital) attended the deceased from that M (we) last sow the deceased above. (M (We) (did) (did medical examiner) 23A. SIGNATURE	white 21F. HOW DID INJURY OCCUR? White 20	ne date
prior to death); and (6) No proposed must be obtained before	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner) 21D. TIME (Month) (Doy) (Yeor) IHour) 21E. INJURY OCCURRED While At Not Work 22. I certify that (Month) (this hospital) attended the deceased from that (I) (we) last sow the deceased above. (M) (We) (did) (did not 23A. SIGNATURE) 23C. PHYSICIAN'S NAME (Type)	While 21F. HOW DID INJURY OCCUR? While Oct. 31	ne date

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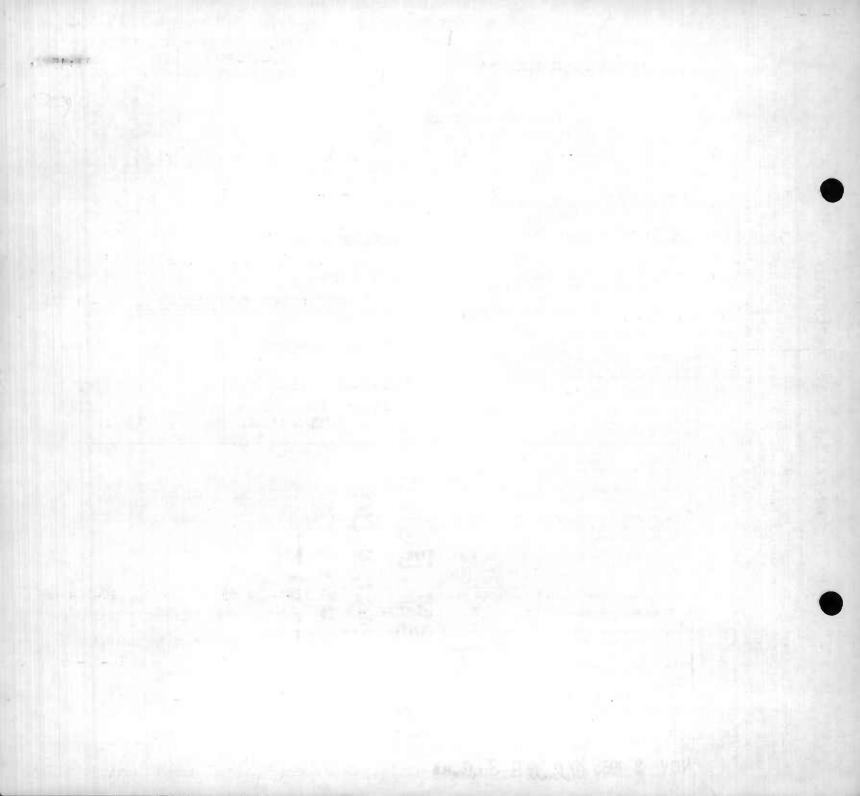
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BIRTH NO.		MEDICAL E	VAMIIIAEK 2	CERTIFICA	E OF DEATH Regi	Stered No.
M.E CASI	E NO.					
1. NAME (Type or P	OF DECEASED	BRUCE	GEOR GE	THORNTON	2. DATE AND HOUR PRONOU	1/28/65 3:40 a. M.
FULL NANHOSPITAL	OR ADDRESS O	HOSPITAL OR INSTIT		C. CITY OR TO	yland VN (If outside corporate limits,	institution: residence before admission.
44	Unio	n Memorial	Hospital		Baltimore RESS (If rurol, give locotion) 1 Benninghaus Rd	
5. SEX male	6. RACE white	Neve	NEVER MARRIED DIVORCED (specify) or Married	B. DATE OF BIRT	9. AGE (In year lost birthday)	
done during	L OCCUPATION (Give kin most of working life, even if tudent	retired)	ol- Poly		State or foreign country) NOTE Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
Geor	PO S. Thorre ECEASED EVER IN U.S. Inknown) (If yes, give wor	ARMED FORCES?	16. SO CIAL SECURITY NO.	Genev:	leve M. Jankie S. Thornton	WCZ ADDRESS (Same)
DIS	DISEASE OR CONDITI LEADING TO se does not meen the next failure, asthenia, etc. If y or complication which ANTECENDENT EASES OR CONDITION TO THE ABOVE CAUSI DERLYING CONDITION	DEATH node of dying, e.g., t meons the discose, coused death.) CAUSES IS, IF ANY, GIVING E (A) STATING THE	AND	teral bronch	opneumonia, compl al injury	icating
DIS DIS	II HER SIGNIFICANT COND THE DEATH BUT N EASE OR CONDITION C ATE OF OPERATION [19	OT RELATED TO	THE	20A, AUTOPSY	? (Yes or No) 20B, IF YES, WERE	FINDINGS CONSIDERED
V 21A. E UNDER UTING	XTERNAL CAUSE WAS ILLYINGOOR CONTRIB- CAUSE OF DEATH. IME (Month) (Doy) URY	AS PERFORMED 21B. hom etc.) (Yeor) (Hour)	PLACE OF INJURY (s. form, foctory, street Street PLE, INJURY OCCUR	ves e.g., in or obout 21C. V tel, office bldg., NJURY Padd RED 21F. HG	IN CERTIFYING C. WES OCCUR? Ington Rd. and S	pring Lake Way erator of bicycle
SI	I certify that I held resulted from: Nature CTUAL IGNATURE XAMINER'S	ment couses	5/5C	CHIEF M	I that an this basis, death in the state of	
REMOVAL Bur:	(Specify) 23B, D	2/1965	M.D. C. NAME OF CEMET HOLY ROCE OF REGISTRAR	emer	Bal timore,	City, town, or county) (Stote) Md.
NO	2 1965 R	Cub E. Fo	DecMa	H.W.Je	enkins & Sons	Co. 4905 York R Balto.12, Md.

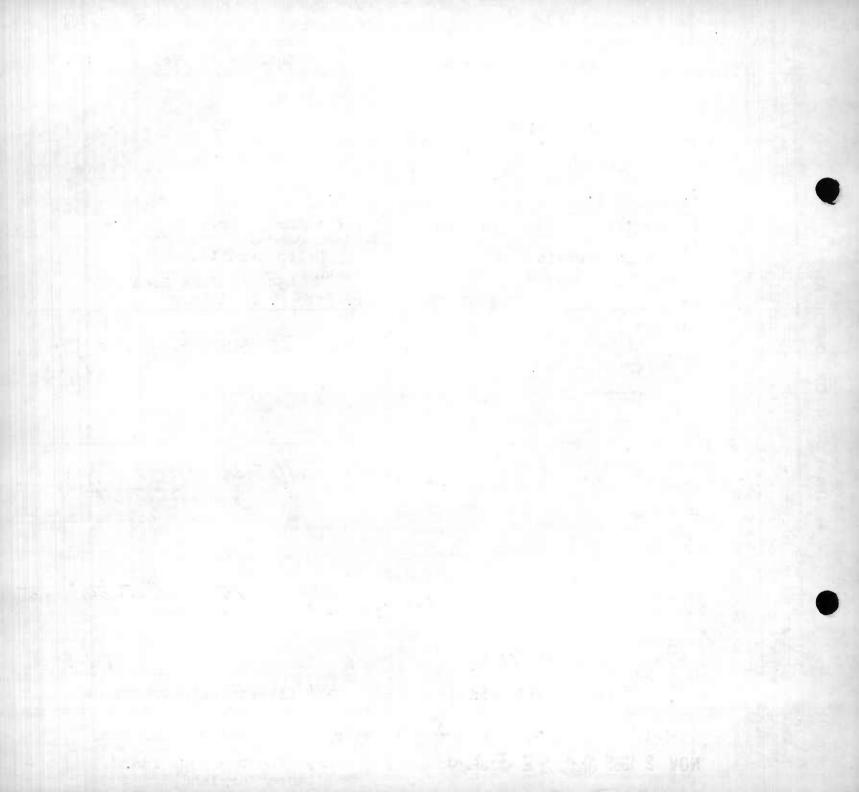


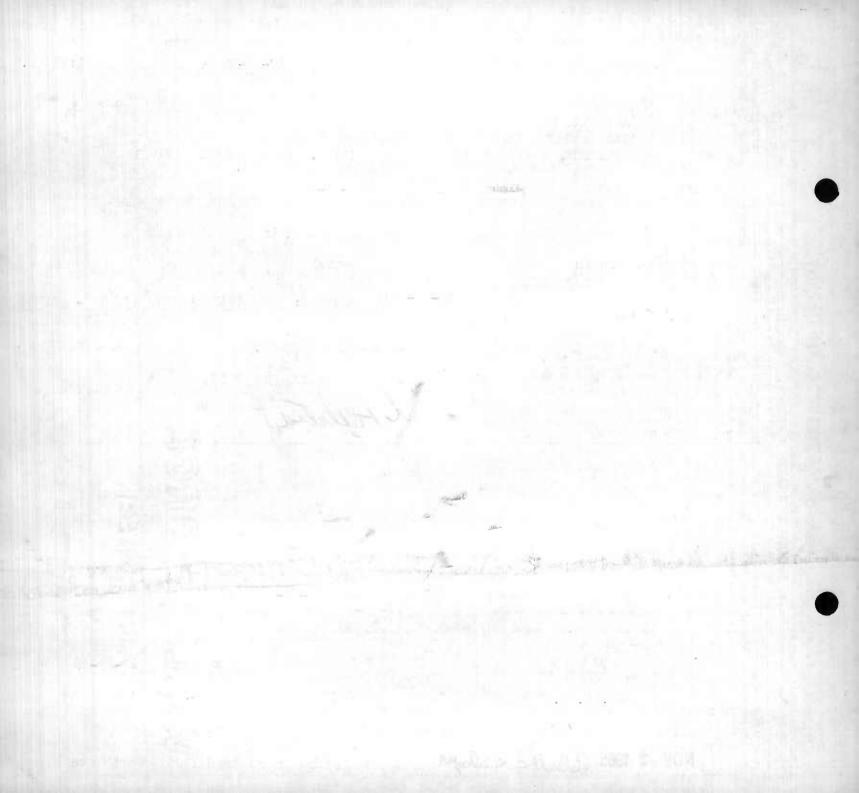
FUNERAL DIRECTOR: IMPORTANT

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		O TETEMPA	CERTIFICA	TE OF PERMIT		
	AME OF DECEASED			2. DATE AN	D HOUR OF DEATH	
(Тур	e or Print)	MARV	TRACEV	10/	31/1965	1.355 P M
3. P	ORRICK /	ORE, MARYLAND	TRACET	4. USUAL RESIDENCE (Where	e deceased lived, If i	nstitution: rosidenco before odmission)
				A. STATE B. COUNT	i Y	9-12
		hospital or instituti or location)	ion, give street	C. CITY OR TOWN (If outs	The sine finaling makes	RURAL ond give township)
	NOITUTITZ					KORAE ond give township
1,	IN I UN MIEM	OR14L	6053	BACTIMOS	urol, give location)	
-4	7010				BBRD <	
5. S	EX 6. RACE	7 84 8 00	RIED, NEVER MARRIED	1000	, AGE (In years	If Under 1 Yr. If Under 24 Hrs.
J. 3	I A /		WED, DIVORCED (specify)		ast birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
43	FVV		/ /	7/18/05	60	
	USUAL OCCUPATION (Give kind during most of working life, even		OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
	SOTV.		TORNEW	PENNA	2	USA
13. [ATHER'S NAME		10 K 1 C T	14. MOTHER'S MAIDEN NAM		
-	EN4/000 -	- 0 0 0 - 1	/	A0 1155	44118	00011
	DWARD 7	RACEY	1 6. SOCIAL	AGNES	MUR	ADDRESS
Yes	, no or unknown) (If yes, give w	or or dotes of servi	SECURITY NO.	MRS, AGNES A.	CONWAY.	2936 GLENVIEW S
-	NO -	_	,1	1	PHILA	DELPHIA 49, PA
	18. 163 VI		CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDIT	ON DIRECTLY				ONSET AND DEATH
	LEADING TO	DEATH	/1-	10FD == /:	110.	9/5/65 -10/31/65
			(A) CAA	KER OF LU	1000	
	(This does not mean the i			ICER OF LU	70 00	account of its from the country of t
	(This does not mean the heart failure, asthenia, etc. injury at camplication which	It meons the dise		KER OF EA		anne fi fire fear anne de con fe con de con
	heort failure, asthenio, etc.	It means the dise a caused death.)	ase,	KEK OF EU	, , , , , , , , , , , , , , , , , , ,	fire from the second se
	heort failure, asthenio, etc. injury at camplication which ANTECEDENT	It means the dise caused death.) CAUSES	ase, (B) DUE TO	KEK OF EU		f f 20 f f and a second for a s
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	heort failure, asthenio, etc. injury at complication which ANTECEDENT DISEASES OR CONDITIO	It meons the disenceused death.) CAUSES NS, if ony, gives se (A) slating	(8) DUE TO	XEK OF CA	70 00	f 520 f minutes and a second form of the second for
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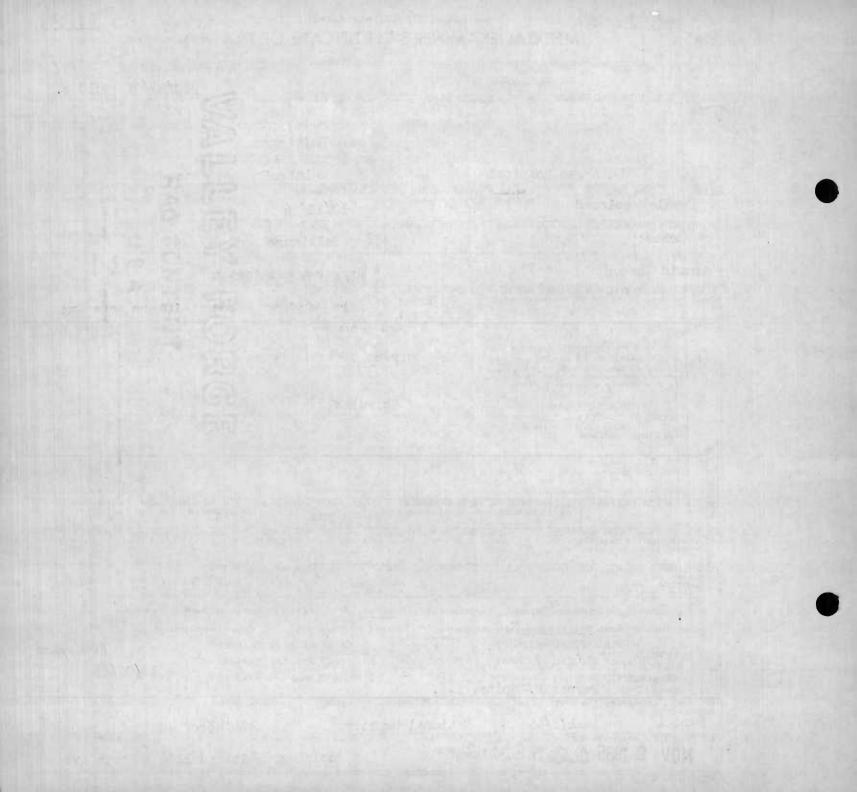


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- 1	FULL NAME OHOSPIYAL OR	F (If not in hospital oddress or location		give street	Maryl	and	tside city limits, write I	RURAL and give township)
		Sinai Hosp	oital		Balti	more :	21211	
4	12				D. STREEY ADD	RESS (If	rural, give location)	
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5. \$	EX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRY		9. AGE (In years lost birthdgy)	Months Doys Hours Min.
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	House	wife	at	t Home	Balti	more,	Maryland	USA
13.	FATHER'S NAM	NE .			14. MOTHER'S A			
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5.	Was Deceased	Ever in U. S. Armed Ford	ces?	1 6. SOCIAL	17. INFORMANY	hehe	Keswick R	ADDRESS
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	LTIMORE, MARYLAND, W	HERE PRONOL		4. USUAL A. STATE		deceased lived. If insti	tution: residence	before odmissi		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore					
46	Lutheran Ho	ospital		D. STREET	ADDRESS (If rurol, Winter's	give locotion) Lane Extend	ed			
5. SEX female	6. RACE		NEVER MARRIED DIVORCED (specify) Child	8. DATE O		9. AGE (In years lost birthdoy)	III Under 1 Y	r. If Under 24) s Hours , Mi		
	CUPATION (Give kind of world)	TOB. KIND OF	BUSINESS OR INDUSTR		211	gn country) Md	12. CITIZEN O	F DUNTRY?		
13. FATHER'S NA				14. MOTH	R'S MAIDEN NAM	E	1000			
Armold	Bacon			Marg	aret Washi	ngton				
	SED EVER IN U.S. ARMED		16. SO CIAL	17. INFORA	AANT	0	ADDRESS			
Yes, no or unknow	(If yes, give wor or dote	s of service)	SECURITY NO.	Mrs	Margaret	Bacon Wint	ers Lane	e Ex;		
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VS 151-REV. 1/1	1/65									



	ersanti	2. OATE AND HOUR OF OR OE. 30, 196	5 11:01 A
3. PLACE OF DEATH IN BALTIMORE,	MARYLAND	A. STATE B. COUNTY	If institution; residence before admission
FULL NAME OF (If not in hosp HOSPITAL OR oddress or loc INSTITUTION	oitol or institution, give street cotion)		write RURAL and give township)
Sinai Hos	nital	Baltimore 15 D. STREET ADDRESS (If rurol, give location	(a)
72		2800 Manhattan Ave.	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, OLVORCEO (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months; Ooys Hours Min
Male White	Married work 108, KIND OF BUSINESS OR INOUSTR	5/18/1904 61 17 11. BRTHPLA CE (Stote or foreign country)	12. CITIZEN OF
one during most of working life, even if retir	ed)		WHAT COUNTRY?
3. FATHER'S NAME	Own Business	Italy 14. MOTHER'S MAIDEN NAME	U.S.A.
Raphael Piersanti		Elisa ?	
5. Was Occased Ever in U. S. Armed Yes, no or unknown) (If yes, give wor or	dates of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ·	ADDRESS Balt. 1
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BALTIMORE CITY HEALTH DEPARTMENT

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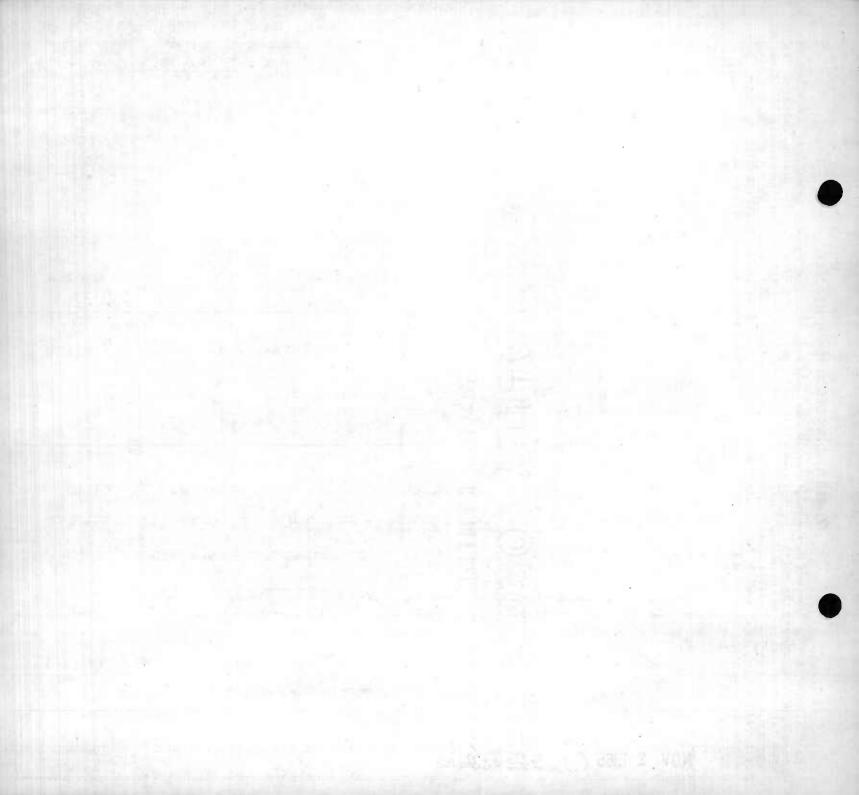
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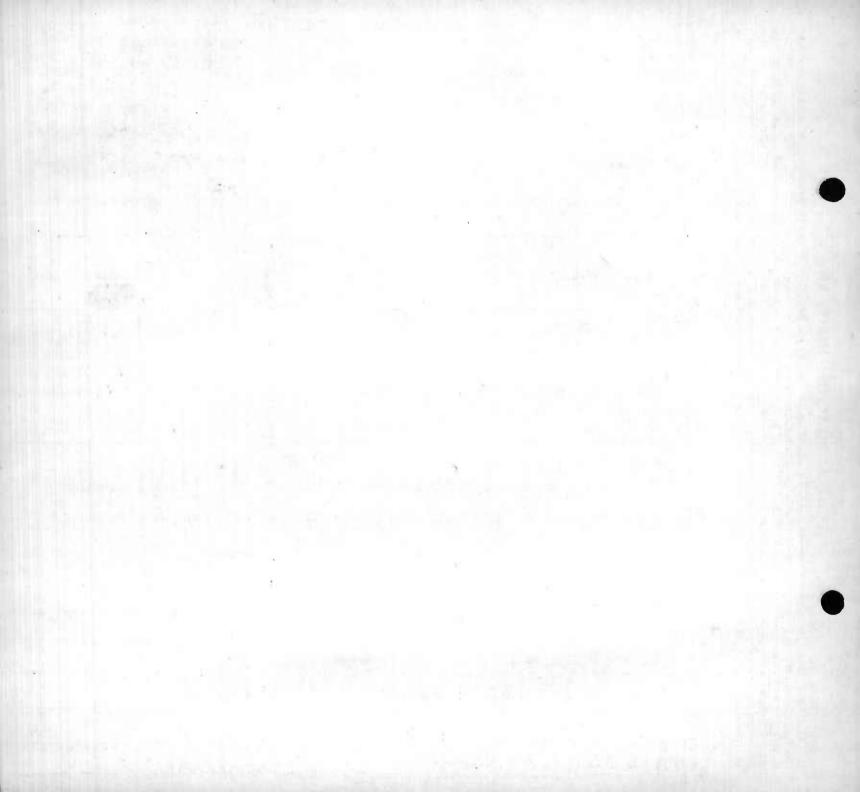
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Typ	e or Print)	ROSE B	URNS			OCT. 31	1945 10.45
3. F	LACE OF DEATH	IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (VA. STATE B. CO	Where deceased lived If	institution: residence before or
,	ULL NAME OF	(If not in hospital	or institution.	give streot	MD.		A.A.
	HOSPITAL OR	oddross or locatio	n)		C. CITY OR TOWN	outsido city limits, writ	o RURAL and give township)
		sunt com			Balto	198	02-00
1	X 37	c6 Norton	wa Rt.	Ballinne My	D. STREET ADDRESS	(If rural, give location)	
5. S	EX 6.	RACE -	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under
	emel	White		D, DIVORCED (specify)	Muy 1895	lost birthdoy)	Months Doys Hours
IOA	USUAL OCCUPA		LIOB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
don	during most of worl	king life, even if retired)			MD.		WHAT COUNTRY?
13.	FATHER'S NAME		1		14. MOTHER'S MAIDEN	NAME	
	81 90	n Burn	2		blotte	Calal	
		er in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT	Crantered	ADDRESS
.res	, no or unknown) (If	yes, give wor or dote	os of sorvico)	SECURITY NO.	Fam. ly	1	Sam 0
	1B. // 20	01		CAUSE	OF DEATH		INTERVAL BETW
	DISEASE	OR CONDITION DI	RECTLY				ONSET AND DE
		ADING TO DEATH	4.1	(A) Art	erioscheretich	eart diseas	e 4 year
	heort failure, ost	meon the mode of thenio, etc. It means	s the disease,	DUE TO			
		cotion which caused		/ Dr			
	AN	TECEDENT CAUSES		DUE TO		***************************************	
	DICEACEC OR						1
		above couse (A)		(C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5 8 6 4 6 8 6 8 6 8 6 8 6 8 6 8 6 8 6 8 6 8 8 8 8	
	rise to the	above couse (A)		(C)			
NC	rise Io Ihe UNDERLYING (above couse (A)	sloling lhe	-			
ATION	OTHER SIGNIFIC	above couse (A) CONDITION last.	Sloting the	G			
ATI	OTHER SIGNIFIC TO THE DEA	above couse (A) CONDITION last, II CANT CONDITIONS (TH BUT NOT REL.	Sloting the	G E		r Noil 208. IF YES, WER	RE FINDINGS CONSIDERED
ATI	OTHER SIGNIFIC TO THE DEAD DISEASE OR CO	above couse (A) CONDITION last. II CANT CONDITIONS (TH BUT NOT REL. NOTITION CAUSING PERATION 198. CONWAS PER	CONTRIBUTING ATED TO TH IT. NOTION FOR V	G E WHICH OPERATION	No	IN CERTIFYING	CAUSES OF DEATH?
L CERTIFICATI	OTHER SIGNIFIC TO THE DEA DISEASE OR CO. 19A. DATE OF OIL OR CONTRIBUTION OR CONTRIBUTION	ADOVE COUSE (A) CONDITION IGSI. ANT CONDITIONS (TH BUT NOT REL. NOTION CAUSING PERATION 198. CON WAS PER WAS UNDERLYING	CONTRIBUTION ATED TO THE INDITION FOR VIFORMED 21B. hom	G E WHICH OPERATION PLACE OF INJURY (o.g., te, form, foctory, streot, te)		IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CERTIFICATI	OTHER SIGNIFIC TO THE DEA DISEASE OR CO. 21A. ACCIDENT OR CONTRIBUTIN DEATH (notify me.)	ANT CONDITIONS (THE BUT NOT REL. NOT	CONTRIBUTION ATED TO THIT. NOTION FOR VIFORMED 218. hom otc.	G E WHICH OPERATION PLACE OF INJURY (o.g., e., form, foctory, street, or	in or about 21 C. WHERE DI	IN CERTIFYING C	CAUSES OF DEATH?
AL CERTIFICATI	OTHER SIGNIFIC TO THE DEA DISEASE OR CO 19A. DATE OF OI 21A. A CCIDENT OR CONTRIBUTIN DEATH (notify mo 21D. TIME OF INJURY	ADOVE COUSE (A) CONDITION IGSI. ANT CONDITIONS (TH BUT NOT REL. NOTION CAUSING PERATION 198. CON WAS PER WAS UNDERLYING	CONTRIBUTING ATED TO TH IT. NDITION FOR V FORMED 218. hom otc. (Hour) 21E. Wh	G E WHICH OPERATION PLACE OF INJURY (o.g., te, form, foctory, street, te) INJURY OCCURRED ile At Not Wh	in or obout 21C, WHERE DI office bldg., NJURY OCCUR	IN CERTIFYING C	CAUSES OF DEATH?
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEA DISEASE OR CO. 21A. ACCIDENT OR CONTRIBUTIN DEATH (notify me of injury (APPROX.)	above couse (A) CONDITION last.	CONTRIBUTION ATED TO TH IT. NOITION FOR V FORMED 218, homoto: (Hour) 21E, Wh	G E WHICH OPERATION PLACE OF INJURY (o.g., te, form, foctory, street, te) INJURY OCCURRED ile At Not When the At Work	in or obout 21C. WHERE DI office bldg., INJURY OCCUR	IN CERTIFYING C	CAUSES OF DEATH?
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEAD DISEASE OR CO. 21A. ACCIDENT OR CONTRIBUTIN DEATH (notify me CONTRIBUTIN DEATH (notify me CAPPROX.) 22. I certify the	ANT CONDITIONS (THE BUT NOT REL. PERATION 198. CON WAS PER WAS UNDERLYING (TO CAUSING OF CAUSE OF CODICOL (TO CAUSE OF CODIC (TO CAUSE O	CONTRIBUTION ATED TO THIT. NOTION FOR VIFORMED 21B. hom otc. (Hour) 21E. Wh	G IE WHICH OPERATION PLACE OF INJURY (o.g., ne, form, foctory, street, or ne) INJURY OCCURRED ILIAN Not Whatk At Work The deceosed from	in or about 21C. WHERE DID office bldg., INJURY OCCUR	IN CERTIFYING C	causes of Death?
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEA DISEASE OR CO. 19A. DATE OF OIL OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAPPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify the thot (I) (are) lo	above couse (A) CONDITION last.	CONTRIBUTING ATED TO TH INDITION FOR V IFORMED 21B. hom otc. (Hour) 21E. Wh Wo	G E WHICH OPERATION PLACE OF INJURY (o.g., te, form, foctory, street, te) INJURY OCCURRED ile At Not Which Not White Not White	in or obout 21C, WHERE DID office bldg., INJURY OCCUP 21F. HOW DID 10 10 10 10 10 10 10 10 10 10 10 10 10 1	IN CERTIFYING CO.	CAUSES OF DEATH?
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEA DISEASE OR CO. 19A. DATE OF OIL OF CONTRIBUTING CONTRIBUT	above couse (A) CONDITION last.	CONTRIBUTING ATED TO TH INDITION FOR V IFORMED 21B. hom otc. (Hour) 21E. Wh Wo	G E WHICH OPERATION PLACE OF INJURY (o.g., te, form, foctory, street, te) INJURY OCCURRED ile At Not Which Not White Not White	in or about 21C. WHERE DID office bldg., INJURY OCCUR	IN CERTIFYING CO.	causes of DEATH? lore City, give exact location) Colors 3 / 19 Inplinion death occurred on
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEA DISEASE OR CO. 19A. DATE OF OIL OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAPPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify the thot (I) (are) lo	above couse (A) CONDITION last.	CONTRIBUTING ATED TO TH INDITION FOR V IFORMED 21B. hom otc. (Hour) 21E. Wh Wo	GE WHICH OPERATION PLACE OF INJURY (o.g., te, form, foctory, street, te) INJURY OCCURRED tile At Not White At Work Not Whe At Work Not When At Work Not	in or obout 21C. WHERE DID office bldg., INJURY OCCUP	IN CERTIFYING CO.	causes of Death? lore City, give exact location) 238. Date SIGNED
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEAD DISEASE OR COLOR OF INJURY (APPROX.) 21 A. ACCIDENT OR CONTRIBUTING CONTRIBUTING (APPROX.) 22. I certify the thot (I) (are) lo ond hour ond from the contribution of the contribu	Ant CONDITION SOLUTION SOLUTIO	CONTRIBUTING ATED TO TH INDITION FOR V IFORMED 21B. hom otc. (Hour) 21E. Wh Wo	GE WHICH OPERATION PLACE OF INJURY (o.g., te, form, foctory, street, te) INJURY OCCURRED tile At Not White At Work Not Whe At Work Not When At Work Not	in or about 21C. WHERE DID office bldg., INJURY OCCUR 21F. HOW DID 32F. HOW DID 32F	IN CERTIFYING CO.	causes of DEATH? lore City, give exact location) Colors 3 / 19 Inplinion death occurred on
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEA DISEASE OR CO. 19A. DATE OF OIL OF CONTRIBUTING CONTRIBUT	above couse (A) CONDITION last.	CONTRIBUTING ATED TO TH INDITION FOR V IFORMED 21B. hom otc. (Hour) 21E. Wh Wo	GE WHICH OPERATION PLACE OF INJURY (o.g., te, form, foctory, street, te) INJURY OCCURRED tile At Not White At Work Not Whe At Work Not When At Work Not	in or obout 21C. WHERE DID office bldg., INJURY OCCUR 21F. HOW DID 21F. HOW DID 21F. HOW DID 31F. HOW DID 31F	IN CERTIFYING C	causes of Death? lore City, give exact location) Color 3 / 19 pfinion death occurred on 238. Date signed Oct. 3 / 196
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEAD DISEASE OR COLOR OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify the thot (I) (are) Io ond hour ond from the color of the color o	ANT CONDITIONS (THE BUT NOT RELIMINATION CAUSING PERATION 198. CONWAS PER WAS UNDERLYING CAUSE OF CODICOL EXAMPLE OF CODICOL EX	CONTRIBUTING ATED TO THIT. IT. INDITION FOR VIEW WO. (Hour) 21E. Wh. Wo. I) attended tiled olive on	GE WHICH OPERATION PLACE OF INJURY (o.g., te, form, foctory, street, te) INJURY OCCURRED tile At Not White At Work Not Whe At Work Not When At Work Not	in or about 21C. WHERE DID office bldg., INJURY OCCUR 21F. HOW DID to 19 5 one view the body after dea tonding Med. ys. Med. 23D. ADDRESS 750) ~/880	IN CERTIFYING CO. (If in Boltim INJURY OCCUR? In	DOT 31 19 planion death occurred on 23B. DATE SIGNED Oct, 31/96 BALTIMORE
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEADISEASE OR CO. 21A. ACCIDENT OR CONTRIBUTINDEATH (notify me) 21D. TIME OF INJURY (APPROX.) 22. I certify the thot (I) (are) lo ond hour and free cases.	ANT CONDITIONS (THE BUT NOT RELIMINATION CAUSING PERATION 198. CONWAS PER WAS UNDERLYING CAUSE OF CODICOL EXAMPLE OF CODICOL EX	CONTRIBUTING ATED TO THIT. IT. INDITION FOR VIEW WO. (Hour) 21E. Wh. Wo. I) attended tiled olive on	WHICH OPERATION PLACE OF INJURY (o.g., e., form, foctory, street, e.) INJURY OCCURRED ile At Not Which Al Work he deceosed from	in or about 21C. WHERE DID office bldg., INJURY OCCUR 21F. HOW DID to 19 5 one view the body after dea tonding Med. ys. Med. 23D. ADDRESS 750) ~/880	IN CERTIFYING CO. (If in Boltim INJURY OCCUR?	planion deoth occurred on 238. DATE SIGNED Oct, 31/96 BALTIMORE (City, town, or county)
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEAD DISEASE OR CO. 21A. ACCIDENT OR CONTRIBUTIN DEATH (notify me CONTRIBUTIN (APPROX.) 22. I certify the thot (I) (are) lo ond hour ond from the Contribution of	ANT CONDITIONS (THE BUT NOT RELIMINATION CAUSING PERATION 198. CONWAS PER WAS UNDERLYING CAUSE OF CODICOL EXAMPLE OF CODICOL EX	CONTRIBUTING ATED TO THIT. IT. INDITION FOR VIEW WO. (Hour) 21E. Wh. Wo. I) attended tiled olive on	WHICH OPERATION PLACE OF INJURY (o.g., e., form, foctory, street, e.) INJURY OCCURRED ile At Not Which Al Work he deceosed from	in or about 21C. WHERE DID office bldg., INJURY OCCUR 21F. HOW DID 21F.	IN CERTIFYING CO. (If in Boltim INJURY OCCUR? In	prinion deoth occurred on 238. DATE SIGNED Oct, 31/96 BALTIMORE (City, town, or county)

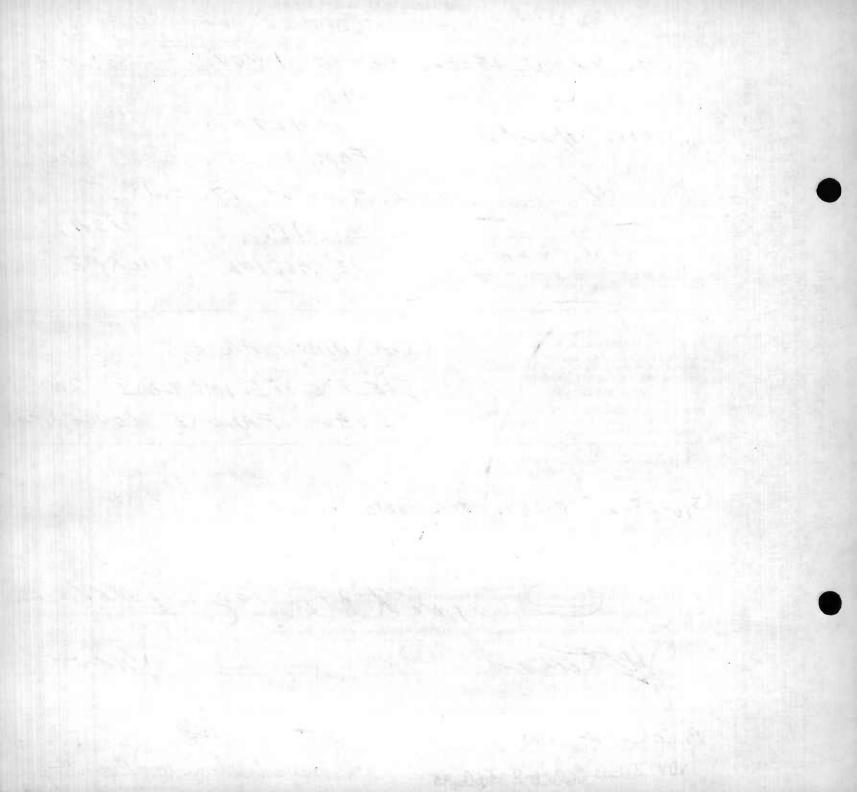


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

FUNERAL DIRECTOR: IMPORTANT

05 44990	BALTIMORE CIT	Y HEALTH DEPARTMENT		
ыктн но. 65 11229	CERTIFICA	ATE OF DEATH	egistered No	65 11220
M.E. CASE NO.		2, DATE AND HO	DUR OF DEATH	TITE
Type or Print) IT ARRY E. ITAR	PER	2:58		WSI Pm
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where dec A. STATE B. COUNTY	eased lived. If institu	ution: residence before admission
FULL NAME OF (If not in hospital or institu	ution give street	marghad	. 2	5-14
HOSPITAL OR address or location)	orion, give sheet	C. CITY OR TOWN (If outside of	ly limits, write RUR	AL and give township)
Lutheran Hospita	/	Baltimore		~ -0
IL/ wind an ijospine		D. STREET ADDRESS (If rural,	give lacation)	
		4115 - Townser	rd for.	
S. SEX 6. RACE 7. MA WID	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	/ I lost hi	E (In years If	Under 1 Yr. If Under 24 H anths Days Hours Min.
The W	1 drucol	11/18/01	53	
OA, USUAL OCCUPATION (Give kind of work 10B, KIP lone during most of working life, even if refired)		Y 11. BIRTHPLACE (State or foreign co	untry)	2. CITIZEN OF WHAT COUNTRY?
steel mill	133			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
		Manue -		
5. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, na arunknown) (If yes, give war or dates of ser	security No.	Fam./y		Samo
1B. 1/30 15/13/15	CAUSE	OF DEATH		INTERVAL BETWEEN
18. 420. 141260 X DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A)	Musicardial Enfa	vitima	2 dans
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO	Myscardial Enta		
injury or complication which caused death.)	,	1. L. h		years 1.
ANTECEDENT CAUSES	(B)	Covernous Antery D.	SERIL	gears 1,
DISEASES OR CONDITIONS, if any,	giving			
rise to the above cause (A) stating UNDERLYING CONDITION lost,	The (C)			•
	UTING			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		mellitas		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B.	CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	DIR STACE OF INTURY (s. c.	is at should 16 WHERE DID	(If in Rollings Ci	ty, give exact location)
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	hame, form, factory, street,	affice bldg., INJURY OCCUR?	(If in baltimare Ci	ty, give exoct locononi
U				
21D. TIME (Month) (Doy) (Year) (Hourt	21E INJURY OCCURRED While At Not W	21F, HOW DID INJURY O	OCCUR?	
(APPROX)	Work At Wa	k		
22. I certify that (1) (this hospital) atten	ded the deceased fram	Ccfsber 29 196	5 to Octob	2 30 19 65
that (I) (we) last saw the deceased alive	on Ectober 3	19 k 5 and that in	(my) (aur) apinia	n death accurred an the d
and haur and fram the causes stated aba				
23A. SIGNATURE			23	B, DATE SIGNED
Khert C. Blacken	M.D. A	ttending Med. Stoff Phys.	M	10/20/1-
23C. PHYSICIAN'S	P	23D. ADDRESS	(A)	1.703
NAME (Type)	740 C. II.	1 H- 4	ipital	
Robert C. Black	MOH			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	AC. NAME of CEMETERY OF C	1	ION (City, t	town, or county) (State)
Bul 11-3-65	Cedar Kell	Cem Wil	to. nd	
25A. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	. /	ADDRESS
NOV 2 1965 Rept	- densen	McCully Tack	the 2370	int. al un
\$ 150-REV. 1/1/65		10 10 10 17 10 17 10 17 10 17 10 17 10 17 10 17 10 17 10 17 17 10 17 17 17 17 17 17 17 17 17 17 17 17 17		9





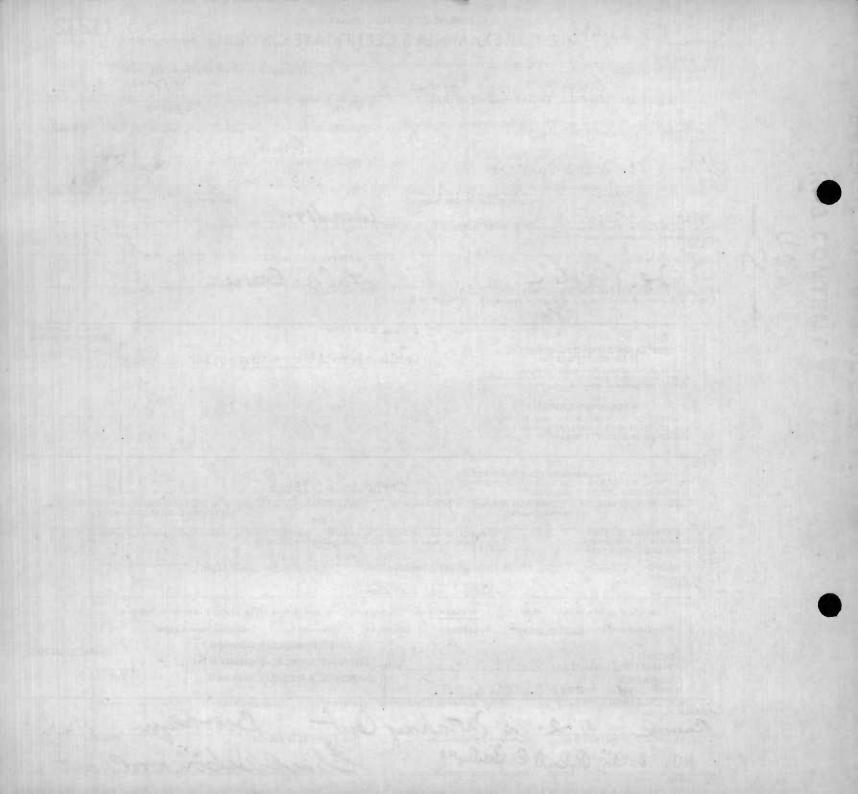
Grant Law. Windley Howitte Simper M S 88 11-4-11 Mattand - Con Turks Dyor Park THE REPORT OF THE PARTY OF THE

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Halland and the control of the contr

BIR	TH NO. 65 1165 MED	ICAL EX	AMINER'S C	ERTIFICATE OF D	DEATH Registe	OU LIZUZ ered No.
-	L CASE NO.					
1. (Ťy	NAME OF DECEASED De or Print) JOHN	W.	CAGLER	2. DATE ANI	HOUR PRONOUNC	27/65 7:45 p. M
3. 1	LACE IN BALTIMORE, MARYLAND, W			4. USUAL RESIDENCE (Where A. STATE Maryland	,	titution: residence before odmission)
HC	L NAME OF (IF NOT IN HOSPIT SPITAL OR ADDRESS OR LOCA TITUTION	AL OR INSTITU ATION)	JTION, GIVE STREET	C. CITY OR TOWN (If outside		RURAL and give township)
4	// St. Joseph He	ospitak		D. STREET ADDRESS (If rurol,		1701
1	/			1319 N. E		
5. 3	ale colored		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
104	.USUAL OCCUPATION (Give kind of wor a during most of working life, even if retired)	kTOB, KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME		11111
	Joe Carle	<u>_</u>		Fulu Bor	vie	
	WAS DECEASED EVER IN U.S ARMED		16. SOCIAL SECURITY NO.	17TNFORM ANT		ADDRESS
	1B. //)	/	CAUSI	E OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DI	DECTI V				ONSET AND DEATH
	LEADING TO DEATH	1	Arterio	sclerotic cardio	vascular di	sease
	(This does not meon the mode of heart failure, asthenia, etc. It means	the disease,	DUE TO	····		
	injury or complication which coused	deoth.)				e di me in d
	ANTECENDENT CAUS		(R)			
	DISEASES OR CONDITIONS, IF A	TATING THE	DUE TO			30 1 3 3 3 3 3 5 4 4 5 3 4 4 4 4 4 4 4 4 4 4
7	UNDERLYING CONDITION LAST.		(C)			
Ó	1					
×	OTHER SIGNIFICANT CONDITIONS					
F	TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING		HE Cirr	chosis of liver		
CERTIFICATION	19A. DATE OF OPERATION 19B. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FI	
EDICAL	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21C. WHERE DID (office bldg., INJURY OCCUR?	If in Boltimore City, gi	ve exact location)
Σ	OF INJURY (APPROX.)		TE. INJURY OCCURRED	21F, HOW DID INJU	RY OCCUR?	
	22.	m. V	VORK L AT V	VORK		
	I certify that I held an I				s basis, death in r	
	resulted fram: Na <u>tural ca</u>	uses X A	accident Sulcid	le Hamicide U		er
	ACTUAL	1.	1-1	CHIEF MEDICAL EX	NAME OF THE OWNER, OF THE OWNER, OF THE OWNER,	DATE SIGNED
	SIGNATURE Werne	N.	M.D			10/08/45
	EXAMINER'S	U. Spit	1 M D	ASSOCIATE MEDICAL EX	AMINER	10/28/65
234	NAME (Type) **EINET		Z, M.D.	or CREMATORY 23D, 14	OCATION (City,	, town, or county) (State)
	MOVAL (Specify)	10.0	n. 100 1	0. 1	Beach	m. ()
0	Surel 11-2	-1965	1 Makay	Carl 1-	so orseig	m /nex
24	A. DATE REC'D BY HEALTH DEPT.	24B. NAME		24C. FUNERAL DIRECTOR	11.	ADDRESS
	NOV 2 1965 Relea	B E. 40	WoedLine	Kalipino.	Illson 1	Box Decentlant

V\$ 151-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT

	BIRTH NO. 11233 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No.5 11233	
	M.E. CASE NO.		
)	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD	
5-400	EUGENE BLUE	October 26, 1965 10:50 P	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where docoosed lived. If institution: residence before edmission B. COUNTY Maryland	
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corperate limits, write RURAL and give township) Baltimore	
	Franklin Square Hospital	D. STREET ADDRESS (If rural, give location)	
	Trankiin bquaic nospital	123 N. Carrollton Ave.	
	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	lost birthdoy Months, Doys, Hours, Mil	
	male negro	October 26, 1965 4. USUAL RESIDENCE (Where docoosed lived. If institution: residence before edmission and the second second lived. If institution: residence before edmission and the second s	
	done during most of working file even if refired)	Batterner ml what country?	
	DAVIL W. Blue	Laure L Homis	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yos, no or unknown) (If yes, give wer or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS	
	1021		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Care	cinoma of the lung	
	(This does not mean the mode of dying, e.g., DUE TO hoort failure, asthenia, atc., It means the discose, injury or complication which coused dooth.)		
	ANTECENDENT CAUSES		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO		

CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21D TIME (Month) (Do

21D TIME

OF INJURY

UNDERLYING CONDITION LAST.

WAS PERFORMED

218, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Baltimore City, give exect location) home, form, foctory, street, office bldg., INJURY OCCUR?

21E. INJURY OCCURRED (Hour) m. WHILE AT NOT WHILE

I certify that I held on Inquiry Inspection X resulted from: Natural causes X Accident A

(Yeor)

Autopsy SuicIde

and that an this basis, death in my apinlan

20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

Homicide Undetermined monner CHIEF MEDICAL EXAMINER

DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER

21F. HOW DID INJURY OCCUR?

Oct. 27, 1965

NAME (Type) Rudiger Breitenecker, M.D. 23A. BURIAL CREMATION, 238. DATE REMOVAL (Specify)

23C. NAME OF CEMETERY OF CREMATORY

(City, town, or county)

(Stote)

248 NAME OF REGISTRAL 24A. DATE REC'D BY HEALTH DEPT.

(Month) (Doy)

Robert E. Farbura

ADDRESS 24C. FUNERAL DIRECTOR

23D. LOCATION

VS 151-REV. 1/1/65

ACTUAL

SIGNATURE.

EXAMINER'S

Brown A-1- PRESTATIONER CASE DEAR ME

	/s- 1	A O O A BALTIMORE C	CITY HEALTH DEPARTMENT	
BIRTH NO.	65 1	1234 CERTIFIC	CATE OF DEATH Registe	ored No. 65 11234
NAME OF DEC	EASED		2. DATE AND HOUR OF	
ype or Print)	Spottswoo	t, Mabel	October 27	, 1965 8:55 P?M.
PLACE OF DE	ATH IN BALTIMORE,		4. USUAL RESIDENCE (Where deceosed A. STATE B. COUNTY	
			Maryland	13-42
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddiess or location) INSTITUTION				its write PURAL and give towarkie)
			C. CITY OR TOWN (If outside city limits, write RURAL and give township)	
Provi	dent Hosp	ital	Baltimore D. STREET ADDRESS (If rurol, give loc	cotion)
9	der out		2444 N. McCullo	h Street
SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In y	eors If Under 1 Yr., If Under 24
Female	Negro	WIDOWED, DIVORCED (specify)	6-4-04 lost birthdoys	Months Doys Hours M
	UPATION (Give kind of v		TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of Domesti	working life, even if retire	d)	Reltimore Maryla	und U.S.A.
FATHER'S NA			Baltimore, Maryla	0.5.A.
I I	1)		A MAINER S WANTE	
Vh	fer-		Who	
	Ever in U. S. Armed		17. INFORMANT	ADDRESS
No	,	3.00		
1B. 5	1 W 1	2 CAUSE	OF DEATH	INTERVAL BETWEEN
5-	SE OR CONDITION	1 / 1/2		ONSET AND DEATH
DISEA	LEADING TO DEAT	TH TO TE CO	cebro- vascular Acci	dent
	nol mean the mode	of dying, e.g.,	***************************************	
	osthenio, etc. It med application which caus	ons the disease,		
		NIA 11	pertension (
	ANTECEDENT CAUS	S Mankao	# ####################################	के के किया है जिस कर कर कर कर कर कर कर कर के किया है जा के किया के किया कर कर किया है कि का कर
	OR CONDITIONS, i	in only diving		
	G CONDITION Iosi.	BILL ON		
	11	The Man		
OTHER SIGN	FICANT CONDITIONS	CONTRIBUTING		
DISEASE OR	CONDITION CAUSIN			
19A. DATE OF		ONDITION FOR WHICH OPERATION	20A. AUTOPSY2 (Yes or No.) 20B. IF YE	S. WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
19A. DATE OF	WAS	ENI ONIVIED	The meeting	INO CAUSES OF BEATH!
J 21A. ACCIDE	NT WAS UNDERLYING		g., in or obout 21C. WHERE DID (If in office bldg., INJURY OCCUR?	Boltimore City, give exact location)
	medicol exominer	etc.)	, sinds bidg, into the occur.	
21D. TIME	(Month) (Doy) (Ye	or) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR	??
OF INJURY		While At Not \	Vhile	
(APPROX.)		Work L At W	ork 🔀	
22. I certify	that (1) (this hospi	tol) ottended the deceosed from 10-27	10-27-65 19 65 10	10-27- 196
that (1) (we)	lost sow the dece	ased alive on 10-27	19ond that in (my) ((our) apinian death occurred on the
and hour on	d from the causes s	stoted obove. (1) (We) (did) (did na	t) view the body ofter deoth.	
23A. SIGNATU			,	23B. DATE SIGNED
, ,	In		Attending Med. Stoff	
23C PHYCICIA	N'C	1	Phys. Director Phys. 23D. ADDRESS	10/27/65
NAME (gaud	1514 Divis	ion Street
	u. KT	yaut	.D. 1514 DIVIS	TOIL DELEGE
	MATION, 248. DATE	24C. NAME of CEMETERY or	CREMATORY 24D. LOCATION	(City, town, or county) (Sta
BUTIN	. 11	65 Mr. A.	burn Com. Pn14	- md
	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
		e C T. C as	23C. POWERAL DIRECTOR	,)
NOV	2 1965 R.C.	ent E. Jankey Mark	1 = 10. Witos -	· 1000Bintley D -

1. NAME	SE NO.					2. DATE AND HO	JR PRONOUNCE	ed No.	
(Type or	riinii	ORA	MAE	PARKER			10/28/	65 14:4	0 a. "
		MARYLAND, WH			A CTATE	NCE (Where deceo:	B. COU	lution: residence be	fore odmission)
FULL NA HOSPITA INSTITUTI	L OR A	NOT IN HOSPITA	L OR INSTITUTI	ON, GIVE STREET		N (If outside corpo	rate limits, write	RURAL and give	to wn ship)
41		St. Joseph	Hospita	al		30 Mura St		1000	
5. SEX fema	le 6. RAG			EVER MARRIED VORCED (specify)	MALL OF BIRTH		AGE (In years buthday)	If Under 1 Yr, If Months Doys	
		DN (Give kind of work) life, even if retired)	OR KIND OF	SUSINESS OR INDUSTI	Y 11. BIRTHPLACE (State ar foreign coun	uth Car	12. CITIZEN OF WHAT COUN	ITRY? U.SA
13. FATHE	Cloud	Thorne			Bunn	AIDEN NAME	mul	,	
		RIN U.S. ARMED b, give wor or doles		6. SOCIAL SECURITY NO.	17. INFORMANT	0-1	3	ADDRESS	Q
1В.	195	5 1		CAUS	e OF DEATH	-Crack	u ,		AL BETWEEN AND DEATH
19 10	DISEASE OR LEAD	CONDITION DIR	ECTLY	Undete	rmined at	autopsv an	d upon m	icro-	
he	ort failure, asther	on the mode of	the disease,	XXXXXX SC	opic exami	nation			
101		on which coused do							
RIS	SEASES OR CO	ONDITIONS, IF AN VE CAUSE (A) STA ONDITION LAST.	IY, GIVING	DUE TO					
NO				(C)		***			
S TO	THE DEAT	II NT CONDITIONS C H BUT NOT RELA DITION CAUSING	ATED TO THE						*************************
2		WAS PERFO		HICH OPERATION	20 A. AUTOPSY?	(Yes or No) 20B. II	YES, WERE FIN		IED
DINU E	EXTERNAL CAU ERLYING OR C G CAUSE OF	ONTRIB-		ACE OF INJURY (e.g., form, factory, street,			oltimore City, giv	e exact lacotion)	
21D OF IN	IJURY	th) (Doy) (Yeor)		INJURY OCCURRED	WHILE OF THE	O VANTUI DIO MO	CUR?		
22.		at I held an In	quiry 🗌	Inspection A	tapsy X and	that on this bas	is, deoth In my	y opinion	
	resulted fro	om: Notural cou	ses Ac	cident Suici			rmined manner	X	
	ACTUAL	lema	11/	-(-	CHIEF ME	DICAL EXAMIN			E SIGNED
	SIGNATURE ; EXAMINER'S NAME (Type)	Werner U	. Spitz,			EDICAL EXAMIN		10/28/65	
23A, BUR	L (Specify)			NAME of CEMETERY	OF CREMATORY	23D. LOCATI	ON (City,	town, or county)	(Stote)
3, 24A. DAT	mal	11-21 ALTH DEPT.	1965 1	Balto nat	24C. FUNERA	L DIRECTOR	Balto	- m	el
NO	OV 2 19	65 R.C. B	E. Fall	Deg MA	Polu	y Ow	elson	1000 B	centeril

VS 151-REV. 1/1/65

-080	BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 11236
4.550	1. NAME OF DECEASED (Type or Print) LAMMAN (LANAN) 2. Date and Hour Pronounced Dead 10/29/65, 5:15 p.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, CIVE STREET HOSPITAL OR ADDRESS OR LOCATION) 11-16-65 C. CITY OR TOWN (If autside corporate limits, write RURAL and give township)
	Baltimore Baltimore
	Hopkins Hospital 733 Bartlett Ave.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED(specify) Iost birthday Months, Days, Haurs, Min.
	male colored widowed Time 10 1898 157 67
	dane during nost at working life, even if retired) WHAT COUNTRY?
	13. FATHER'S NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL 17. INFORMANT ADDRESS
	(Yes, no afunknawn/III yes, give war or dates of service) SECURITY NO.
	1B. CAUSE OF DEATH INTERVAL BETWEEN
	INSERT OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease
	(This does not mean the made of dying e.g., heart failure, asthenia, etc. It means the disease,
	injury or camplication which coused death.)
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
	4 2) A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID. (If in Boltimore City, give exact location)
	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. home, farm, foctory, street, affice bldg., INJURY OCCUR?
	21D TIME (Manth) (Doy) (Year) (Hauth 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
	(APPROX.) MHILE AT NOT WHILE AT WORK
	I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion
	resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER
	SIGNATURE WITH IN . ST. C. ASSISTANT MEDICAL EXAMINER X
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER 10/30/65
	NAME (Type) Werner U. Spitz, M.D. 23A, BURIAL CREMATION, 23B, DATE 23C, NAME of CEMETERY or CREMATORY 23D, LOCATION (City, town, or county) (Stote)
	Burial 11- 1965 Balto nat Cent Bato. Md.
	24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS
	NOV 2 1965 Robert E. Jarley Me E.O. Wilson proutly he

05 110		HEALTH DEPARTMENT	65 11237
ытн но. 65 112	CERTIFICA	TE OF DEATH Registered No.	
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	•
Type or Print)	(Pinal)	10/30/65	1 3:30 A
Lottie Smith	and (Ringgold,	4. USUAL RESIDENCE (Whore deceased lived, If	
		A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or in HOSPITAL OR oddross or location)	nstitution, give streo!	Maryland, Baltimor	RURAL and give township)
Provident.	Hospital Inc.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(A)
29 1514 Divis		BAITIMORE D. STREET ADDRESS (If rurol, give location)	7000
Baltimore,		1925 Penna. Ave.	
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours Mir
D N	WIDOWED, DIVORCED (specify)	7/30/03 lost birthdoy)	Months Doys Hours Mir
IDA. USUAL OCCUPATION (Give kind of work 10B	KIND OF BUSINESS OR INDUSTRY	7/19/01 64 11. BIRTHPLACE (Stote or foleign country)	12. CITIZEN OF
done during most of working life, even if retired)	N-	Manad	WHAT COUNTRY?
HOUSEWILL	None	Maryland	USA.
3. FATHER'S NAME	, /	14. MOTHER'S MAIDEN NAME	
Itenry Kind	g gold	Jusie Brown	
5. Was Decoosed Ever in U. S. Armed Forces? Yes, no or unknown) (II yes,) give wor or dotos of	service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	220011111101	Walter, Smith (son) 3	400 Walbrook A
18. 2.3/Y VIO/ AV	CAUSE C	F DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	TLY		ONSET AND DEATH
LEADING TO DEATH	(A) Cer	cebral Hemorrhage	
(This does not mean the mode of dyi heart failure, asthenia, etc. It means the	ing, e.g., DUE TO		>==== × × × • • • ==== = = = = = = = = =
injury or complication which coused dec	olb)		
ANTECEDENT CAUSES	(B) Lyper	tension and Arteriosc	loratic
DISEASES OR CONDITIONS, if any	, giving		
rise to the obove couse (A) sto	oting the (C)	Vascular disease	000000000000000000000000000000000000000
OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING		
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE Diabetis	Mellitus	
	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No!) 20B. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITI	MED	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (o.g., i	n or obout 21 C. WHERE DID (If in Boltimo	ore City, give exact location)
V DEATH (notify modical examinal)	etc.)	inco biag., INJURT OCCUR?	
21D. TIME (Month) (Doy) (Year) (H	Hour 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY (APPROX)	While At Not Whi		
(APPROX)	Work At Work		
22 carrify that (1) (this bosnital) at			100
zz. I certify that (I) (this hospital) at	ttended the deceased from)/25 19 65 to 10)_/3.()
)/25	•
	olive on 10/30	19oond that in(my) (aur) ap	•
that (I) (we) last saw the deceased o	olive on 10/30	19oond that in(my) (aur) ap	•
that (I) (we) last saw the deceased o and hour and from the couses stated	above. (1) (We) (did) (did not)	19ond that in(my) (aur) apylew the bady ofter death.	23B, DATE SIGNED
that (I) (we) last saw the deceased of and hour and from the couses stated 23A. SIGNATURE	above. (1) (We) (did) (did not)	ond that in (my) (aur) apples the bady ofter death.	pinion death occurred on the
and hour and from the causes stated 23A. SIGNATURE	above. (I) (We) (did) (did not)	onding Mod. Stolf Phys. 23D. ADDRESS	23B, DATE SIGNED
that (I) (we) last saw the deceased of and hour and from the couses stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	above. (I) (We) (did) (did not) M.D. Att Phy	nonding Mod. Stolf Phys. X 23D. ADDRESS 1514 Division St.	238, DATE SIGNED
that (I) (we) last saw the deceased of and hour and from the couses stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Andrew. Ri	above. (I) (We) (did) (did not)	nonding Mod. Stolf Phys. X 23D. ADDRESS 1514 Division St.	238, DATE SIGNED
that (I) (we) last saw the deceased of and hour and from the couses stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Andrew Ri 24A. BURIAL CREMATION, 124B. DATE	above. (I) (We) (did) (did not) M.D. Att Phy	nonding Mod. Stolf Phys. X 23D. ADDRESS 1514 Division St.	238, DATE SIGNED
that (I) (we) last saw the deceased of and hour and from the couses stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Andrew Ri 24A. BURIAL CREMATION, 124B. DATE	above. (I) (We) (did) (did not) M.D. Att Phy	nonding Mod. Stolf Phys. X 23D. ADDRESS 1514 Division St.	238, DATE SIGNED
that (I) (we) last saw the deceased of and hour and from the couses stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Andrew, Ri 24A. BURIAL CREMATION, REMOVAL (Specily) Burull 17 - 496	above. (I) (We) (did) (did not) M.D. Att Phy	onding Mod. Stolf Phys. X 23D. ADDRESS 1514 Division Ste EMATORY 24D. LOCATION C.M. Broekly augusta	238, DATE SIGNED

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BALTIMORE CITY HEALTH DEPARTMENT Registered No._ CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH OCTOBER 30, 1965 | 12:302

4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY (Type or Print) BUTTA, JOSEPH LEO 12:30am 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Maryland (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore Umion Memorial Hospital D. STREET ADDRESS (If rural, give location) 4338 Sheldon Avenue 21206 made. 5. SEX S. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Un Months: Doys Hours If Under 24 Hrs. lost birthdoy WIDQWED, DIYORCED (specify) 9/16/92 male white widowed VIS. IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working lile, even if retired) U.S.A. Metal Melter(Ret.) A.S.Abell & Co. Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Butta Lucille Ameche ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 213-03-2503 Leonard F. Butta, above no CAUSE OF DÉAT INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., embal heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last. remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 0 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? ö (If in Boltimore City, give exact location) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined MEDI obtained 21 D. TIME (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While [While At (APPROX.) Work At Work 22. I certify that (1) (shis hospital) attended the deceased from Mille that (1) (we) last saw the deceased alive on. and that In(my) (our) apinian death accurred on the date and haur and from the causes stated shave. (1) (We) (did nat) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Stoff M.D. Attending Med. Phys. Director Phy s. pproval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 3603 Belair Koad Dr. Melvin F. Polek 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL CREMATION, 24B. DATE

REMOVAL (Specify) 11/2/65 Holy Redeemer Cemetery Baltimore, Md. 258. NAME OF REGISTRAR Schimunek uneral Home, 3331 Brehms Lane #13 ADDRESS 25A. DATE REC'D BY HEALTH DEPT. Inc. VS 150-REV. 1/1/65

Att an Fairbein note

BIRTH NO.	TEGO MED	ICAL EXAMINER'S C	ERTIFICATE OF DEATH Regis	tered No.
M.E. CASE NO.	ECEASED		2. DATE AND HOUR PRONOUN	CED DEAD
(Type or Print)				
3 PLACE IN RAI		DREW J. NOVAK	10-31-65	5:32 P. M.
or reade in the	- making making m	THE PROPERTY OF STATE	A. STATE B. C	DUNTY
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (II autside carparote limits, w	(ite RURAL and give township)
INSTITUTION	ADDRESS ON COOP			7-10
33	A		D. STREET ADDRESS (If rurol, give location)	100
J	OHNS HOPKINS	HOSPITAL - DOA		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	817 N. Belnord Avenue 2	s If Under 1 Yr. If Under 24 Hr.
5. St.	OF RIPLES	WIDOWED, DIVORCED (specify)	lost birthday)	Months Doys Hours Min.
Male	White	Married	12/12/86 78	
	CUPATION (Give kind at world f warking life, even it retired)		Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plumber		Novak & Co. Bui		U.S.A.
13. FATHER'S NA	ME.		14. MOTHER'S MAIDEN NAME	
Joseph	Novak		Katherine	
15. WAS DECEAS	SED EVER IN U.S. ARMED	of FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
yes	WW I	216-10-9356	Frances Novak, wife,	above
118.	3 7 /		E OF DEATH	INTERVAL BETWEEN
4	55 55 / L		e or beam	ONSET AND DEATH
DISE	ASE OR CONDITION DI LEADING TO DEATH	IRECTLY		
(This does	not mean the made of re, asthenia, etc. It means	dying, e.g., DUE TO	eriosclerotic cardiovascula	r disease
heart lailur	re, osthenio, etc. It means complication which coused	s me mseaser		
	AND CONDENS CARRE			
DISEASES	ANTECENDENT CAUSI S OR CONDITIONS, IF A	(R)		
RISE TO T	THE ABOVE CAUSE (A) S	TATING THE		NOTES IN COLUMN
	ING CONDITION LAST.	(C)		
2	11			
OTHER SI	GNIFICANT CONDITIONS			
TO THE	DEATH BUT NOT RE			
OTHER SIGNATURE OF THE DISEASE OF TH		NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	
0	WAS PER	RFORMED	Partial IN CERTIFYING CA	USES OF DEATH?
21 A. EXTERN	AL CAUSE WAS	218. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (II in Baltimare City,	give exoct location)
	GOR CONTRIB-	etc.)	office bldg., INJURY OCCUR?	
E 21 D TIME	(Month) (Day) (Yeo	or) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	(Month) (Day) (Teo		WHILE	
		m. WORK AD	YPEKI 1	
22.	ertify that I held an I	Inquiry Inspection A	ond that on this basis, death in	my opinion
	ulted from: Notural co	Comment of the Commen		
1630	orred from. Norotor Co	Accined 501ci	CHIEF MEDICAL EXAMINER	
ACTU	AL 1 404	14 9'-		DATE SIGNED
SIGNA		S M. C M. C	ASSISTANT MEDICAL EXAMINER X	
EXAMI	INER'S	U CDTTZ W D	ASSOCIATE MEDICAL EXAMINER	11-1-65
23A, BURIAL CE		U. SPITZ M.D.	or CREMATORY 23D. LOCATION (C	ity, town, or county) (State)
REMOVAL (Spec	ily)			
Buraal	1 11/4/		er Cemetery Baltimore	V .
24A. DATE REC'	D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	Schimunek uneral H	ome Inc
NOV	3 1965 Robert	e C. T. D	2601-03-05 E. Madis	on Street #5
	Jake J	O C, NOWORDHIN	SOUT-03-03 E. Madis	OH Offeer "2

VS 151-REV. 1/1/65

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An accident

(2)

cause;

(4) Undetermined

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 55 11240 65 11240 CERTIFICATE OF DEATH BIRTH NO. Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) SMITH, DELIA A. October 30, 1965 3:45P M
4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE Maryland FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL Bal timore 3051 Mayfield Avenue D. STREET ADDRESS (If rural, give location) Bal timore, Maryland 3051 Mayfield Avenue 21213 21213 7. MARRIED, NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min. WIDOWED, DIVORCED (specify) widowed 3/13/72 female white 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife at home Baltimore, Md. U.S.A. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME John Smith ? Ann E O 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 7. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Ethel S. Shepard, Above no none CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH Artinosellroue DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the made of dying, e.g., gular heart lailure, osthenia, etc. It means the disease, injury ar camplication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (Al stating the UNDERLYING CONDITION last. remains Was П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) ŝ MEDICAL DEATH (notify medical examiner) 21 D. TIME OF INJURY (Hour) (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While (APPROX.) and 22. I certify that (I) (this hospital) attended the deceased from 1000 10 OUR VE _____19 _____ ond that in(my) (our) apinion death occurred on the date that (I) (we) lost saw the deceased alive on...... and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A, SIGNATURE 23R DATE SIGNED Attending Stoff Med. 0 Phy s. pproval 23C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) Dr. George J. Sawyer Jrp. 4808 Harford Road 24A, BURIAL CREMATION, 24B, DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION eceased (City, town, or county) REMOVAL (Specify) 11/3/65 New Cathedral Cemetery Baltimore, Md. 258, NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

Schimunek Funeral Home, Inc. B331 Brehms Lane #13

· Land I Contraction of the Levery Verryn BALTIMORE CITY HEALTH DEPARTMENT

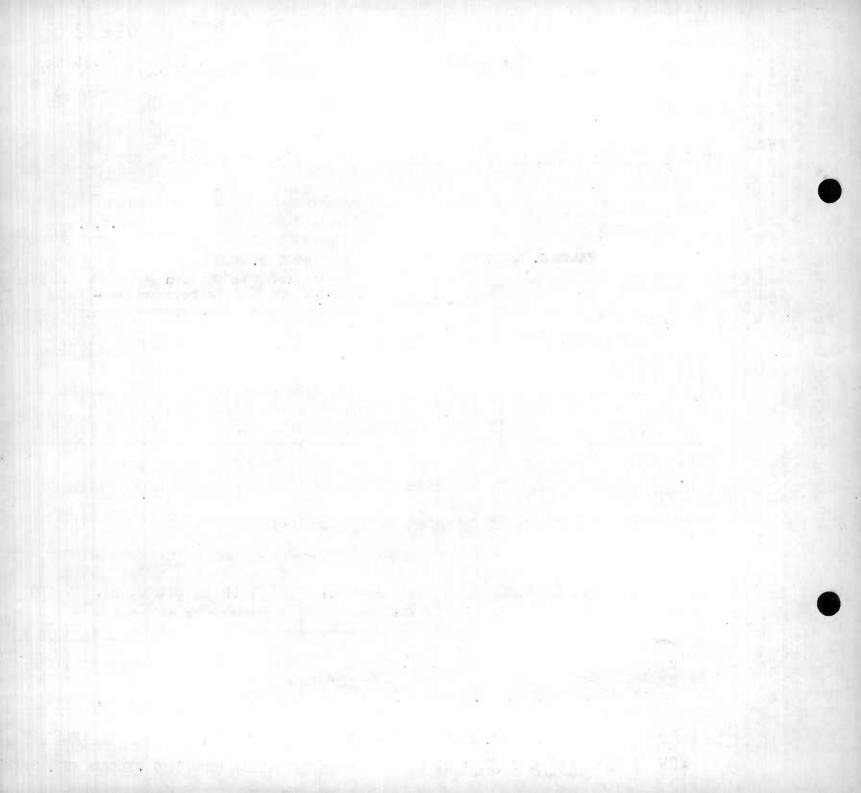
BIRTH NO. 65 112 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Regist

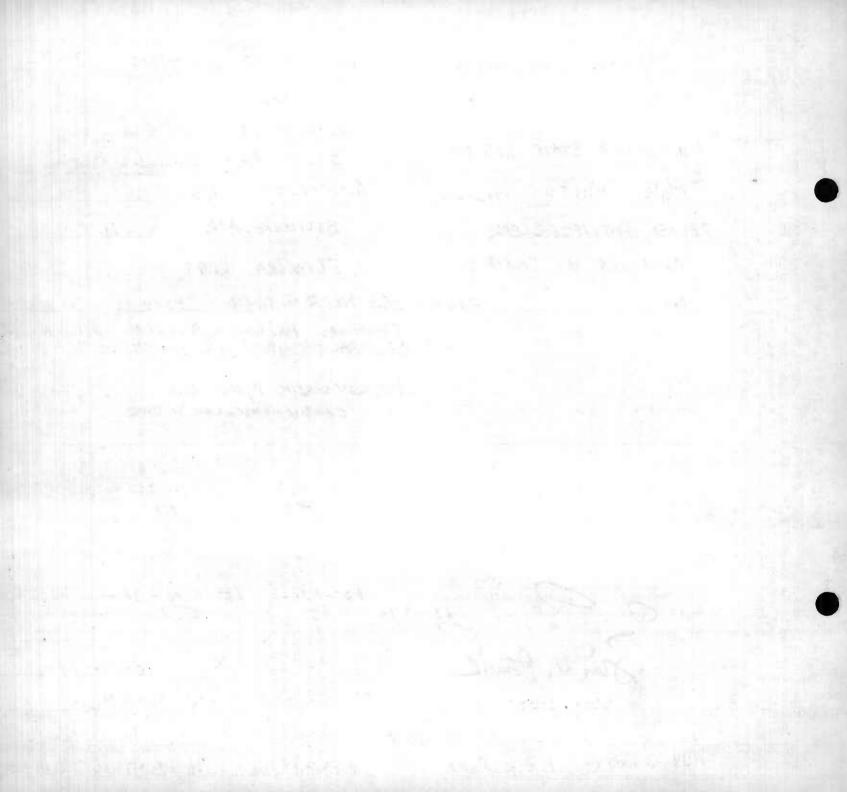
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_	E CASE NO.									
1. I (Ty)	NAME OF DEC pe or Print)	EASED	GEOR	GE W	FOOTE		2. DATE ANI	10/30		p. M.
3. F	LACE IN BALT	MORE MARY	LAND, WI	HERE PRONOU	NCED DEAD	4. USUAL		deceased lived. If insti B. COU	tution: residence befo	re odmission
HO	L NAME OF SPITAL OR TITUTION	(IF NOT II	OR LOCA	L OR INSTITUTION)	TION, GIVE STREET	C. CITY		corporate limits, write	RURAL and give to	wnship)
	0					D CTREE	Baltimore ADDRESS (If rurol,	oine land and	-10	W.W.
3	5	Johns H	Hopkin	s Hospi	tal	D. SIKEL		wood Ave.	#6	
5. S	nale	6. RACE white			OIVORCED(specify)	8. DATE 0	F BIRTH	9. AGE (In years lost birthdoy) 12	If Under 1 Yr. If U Months, Doys Ho	Inder 24 Hrs.
done	during most of w	Assem	if retired)	Rowan	Controller	Co.	pal tir	more, Md.	U.S.A.	RY?
	FATHER'S NAM						ER'S MAIDEN NAME			
	nilip F		C A DAA ED	CODCEC3	14 50 5141	Myr1	le Clemer	ns	A D Dorce	
	, no or unknown)				16. SO CIAL SECURITY NO.				ADDRESS	
	no					Mary	Jane Foo	ote, above	, wire	
	18. 5 9	10,0			CAUSE	OF DEA	TH .			BETWEEN ND DEATH
CERTIFICATION	DISEASES OF RISE TO THE UNDERLYIN OTHER SIGN TO THE DISEASE OR	NTECENDEN DR CONDITIO E ABOVE CAL G CONDITIO II IIIFICANT CON DEATH BUT CONDITION	ONS, IF AI JSE (A) ST ON LAST. NOT REL CAUSING	NY, GIVING ATING THE CONTRIBUTING TO THE CONTRIBUTING TO THE IT.	HE					
- 1	2		WAS PERS		VHICH OPERATION		yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DEATH?	D
O	21 A. EXTERNAL UNDERLYINGX UTING CAUS	OR CONTRIB-		home, etc.)	PLACE OF INJURY (e.g., in form, foctory, street, of yard	fice bldg.,	6411 Kenwo	od Ave.	e exact location)	0
-	OF INJURY	(Month) (D	12 0		E. INJURY OCCURRED		21F. HOW DID INJU			
	(APPROX.)	0 30	65 8	30 pl. w	ORK NOT V	ORK CORK	auto fell	on chest		
		JREER'S	Sue	ses A	Suicident Suicide	CH		AMINER K	er 🗌	SIGNED
23A	NAME (T	ype) Wer	ner U.	Spitz,	M. D.	CREMAT	DRY 23D. LC	CATION (City,	lown, or county)	(Stote)
REA	urial		- / - /	- R	altimore Ce			Baltimore,		
	LITIAL DATE REC'D		L1/4/ DEPT.	0.5	OF REGISTRAR	24C.	FUNERAL DIRECTOR	-	ADDRESS	
	NOV 3	ADDE A	Robert	2. Fa		Sc	himunek F	uneral Hor E. Madisor	ne, inc.	#5

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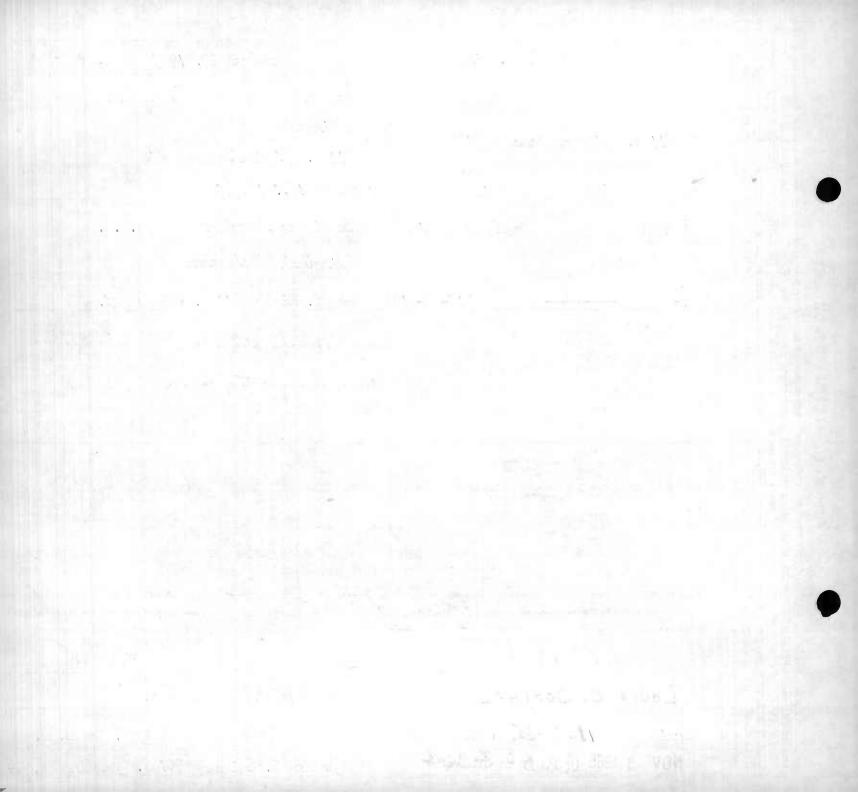
BIRTH	NO. ASE NO.	65 11	242	CERTIFICA			Registered No.	5 11242	
	AE OF DECEAS		GAN, A	lhomt			D HOUR OF DEATH		
3. PLA	CE OF DEATH	IN BALTIMORE, MAR		There	4. USUAL	RESIDENCE (When	ber 29, 196	5 12:00 1	oon M.
FUL HOS	L NAME OF	(If nat in hospital o	r institution,		Mar c. CITY OF	yland (If out		RURAL and give townshi	
21		Baltimore	_	_	D. STREET	timore	urol, give locotion)		
31		4940 Easte			BCH			07.004	
5. SEX	16.	Baltimore,		and 21224 NEVER MARRIED	B. DATE OF		stern Avenu		nder 24 Hrs.
	iale	White	Nev	D, DIVORCED (specify) er married F BUSINESS OR INDUSTR	9/6	/98	ost birthday)	Months Doys Hours	Min.
	iring most of work	king life, even if relired)	02, 11110	, Joseph St. History	Mary:		gn coonny/	12. CITIZEN OF WHAT COUNTRY	?
10 547	UNEMPL	OYED					4.5	U.S.A.	
13. FA1	HERS NAME	FRANK J.	наттт	CAN	14. MOINE	MA DY D			
						MARY B.			
Yes, na	(If	er in U. S. Armed Forc yes, give war ar dates	af service)	16. SOCIAL SECURITY NO. 217-03-4039				3605 Medawis Avenue - 212	
18.	33	4 X I	14.14	CAUSE	F DEATH			INTERVAL BE	
(T)	DISEASE	OR CONDITION DIRE ADING TO DEATH mean line mode of		(A) Gene	ralized	cerebral	degenerati		
he	art failure, ast jury ar camplio	thenia, elc. Il means calian which caused	he disease		ralized	arterioso	clerosis	years	3
NO TO	THER SIGNIFIC	CONDITIONS, if a abave cause (A) CONDITION last. ANT CONDITIONS CONTROL OF THE BUT NOT RELATION CAUSING IT.	NTRIBUTING TO THE	(c)					
	A. DATE OF OF	PERATION 198. CONE WAS PERFO	RMED	WHICH OPERATION	20 A. AU	TOPSY? (Yes ar No NO	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED	
U 21	A. ACCIDENT CONTRIBUTION ATH (notify me	WAS UNDERLYING DATE OF edical examiner	21 l hor etc	B. PLACE OF INJURY (e.g., me, farm, foctory, street,	in or about 21 office bldg., IN	C. WHERE DID JURY OCCUR?	(If in Boltiman	e City, give exact lacotic) n)
211 OF	D. TIME (A	Aonth) (Day) (Yeor)	w	LINJURY OCCURRED hile At Not Whatk Not Wark	le 🗌	F. HOW DID INJ			
the	ot (I) (we) lo	or (I) (this hospital)	olive on	October 29, (I) (We) (did) (did not)	lending -	ond the dy ofter death.		23B, DATE SIGNED	
		Pierce Curt		U		Eastern Av	venue Baltin	October 29,	
B	EMOVAL (Spec	cify)		PETER'S CEMI			IMORE,	MARYI ADDRESS	AND
	NOV 3			3 Pey HA			AL HOME 41	07 WILKENS AV	



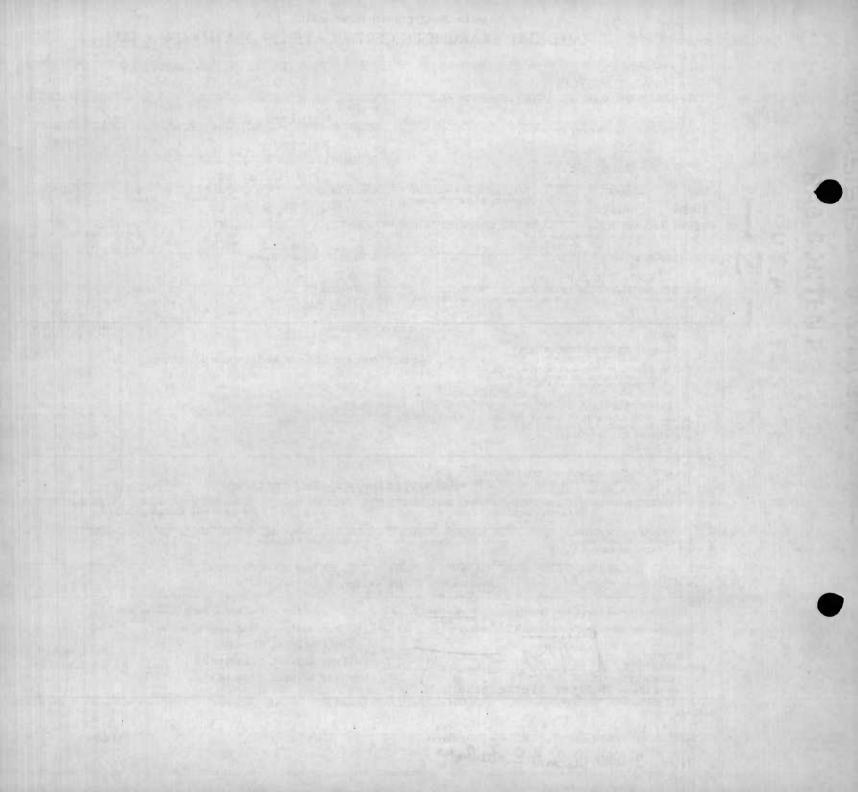


IMPORTANT

FUNERAL DIRECTOR:



BIRTH NO.55	11245 MEDI			ERTIFICATE OF DEATH Registered No. 245	
M.E. CASE NO.			The state of		
1. NAME OF DE	CEASED			2. DATE AND HOUR PRONOUNCED DEAD	
H.	ARRY MULFORD			October 28, 1965 8:30 P	м.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNC	CED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admis	sion)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION	ON, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporote limits, write RURAL and give township) Baltimore	2
21				D. STREET ADDRESS (If rurol, give location)	2
27 N	. Carey St.				
C acy	/	1	16.20100	27 N Carey St. 8. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24	
s. sex	6. RACE white	7. MARRIED, NE WIDOWED, DIV			Ain.
	CUPATION (Give kind of work working life, even it retired)	108. KIND OF BL	ISINESS OR INDUSTR	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NA	MF	1		DALTIMORE IVID. U.S.Q.	
A 1	- K			61 1/	
10	OT INDUN		***	WOT KNOWN	-
	n) (If yes, give war or dote	s of service)	SECURITY NO. 193-03-035	Mas Marian Sullivan BACTIMORE, MD.	Ro
1B	3 3 1		CAUS	E OF DEATH INTERVAL BETWE	EEN
4	COC 1 1			ONSET AND DEA	ATH
DISEA	ASE OR CONDITION DI		Arter	iosclerotic cardiovascular disease	
(This does heart failure injury or co	not mean the mode of e, asthenia, etc. It means amplication which caused	dying, e.g., the discose, deoth.)	DUE TO	Toolierolle Caralovascular Glocase	
DISEASES RISE TO TI	ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST ING CONDITION LAST.	NY, GIVING	(B)DUE TO		
Z			(C)		
O THE	II SNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING	LATED TO THE	Malnutrit	ion and dehydration	******
19A, DATE O		DITION FOR WH	CH OPERATION	20A, AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED	_
00	WAS PER	FORMED		NO IN CERTIFYING CAUSES OF DEATH?	
UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. PLA home, f	CE OF INJURY (e.g., orm, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?	
E 21D TIME	(Month) (Doy) (Year) (Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY			LE AT NOT	WHILE	
22.	rtify that I held an I	nquiry 🗌 📗 I	nspection X Au	stopsy and that on this basis, death in my opinion	
resu	ilted from: Notorol con	uses XX Acc	ident Suicio	de Homicide Undetermined monner	
	1)11		2	CHIEF MEDICAL EXAMINER	
ACTUA	L ///	XI &	1	DATE SIGNE	D
SIGNA	. 10	Harle	M.[
EXAMI	NER'S (Type) Rudiger	Breitenec	ker MD	ASSOCIATE MEDICAL EXAMINER	
23A. BURIAL CR			NAME OF CEMETERY	TO CREMATORY 23D. LOCATION (City, town, on county) (State	e)
REMOVAL (Special BURIA	11-1-6	5 M	TO CHIVET	EMETERY BALTIMORE, MARYLAND	5
24A. DATE REC'	BY HEALTH DEPT.	24B, NAME OF	REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS	7
NOV	3 1965 Rober	क है, स्वर्ग	ben A.A.	WM. COOK BROOKS TOWSON, MO 21204	
VS 151-REV. 1/1	/65		The state of the s		1



IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

INTERVAL BETWEEN ONSET AND DEATH

2 days

6 months

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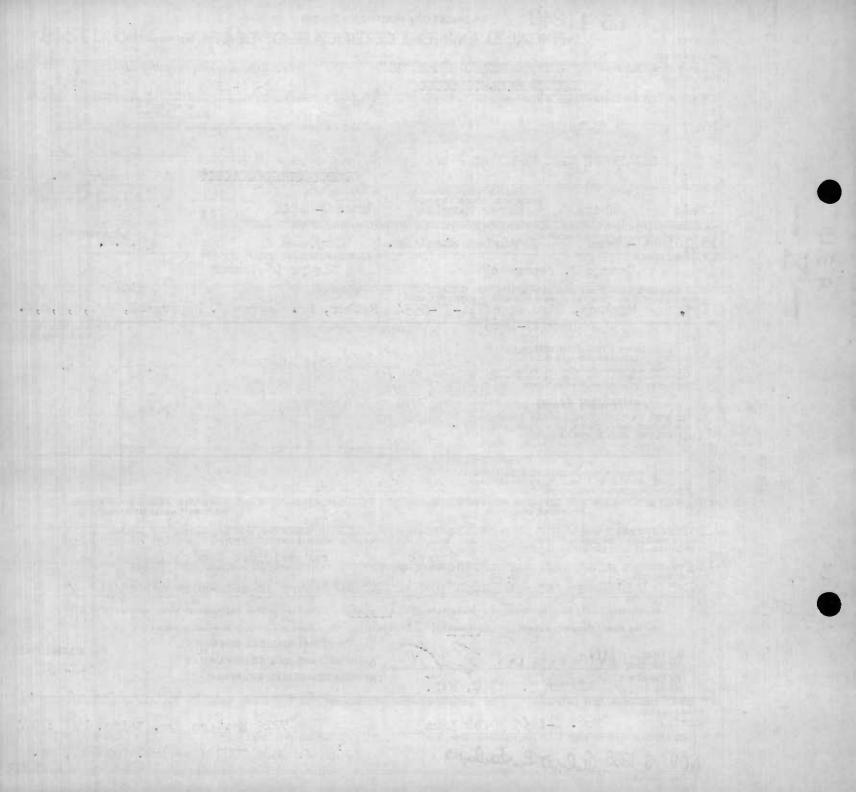
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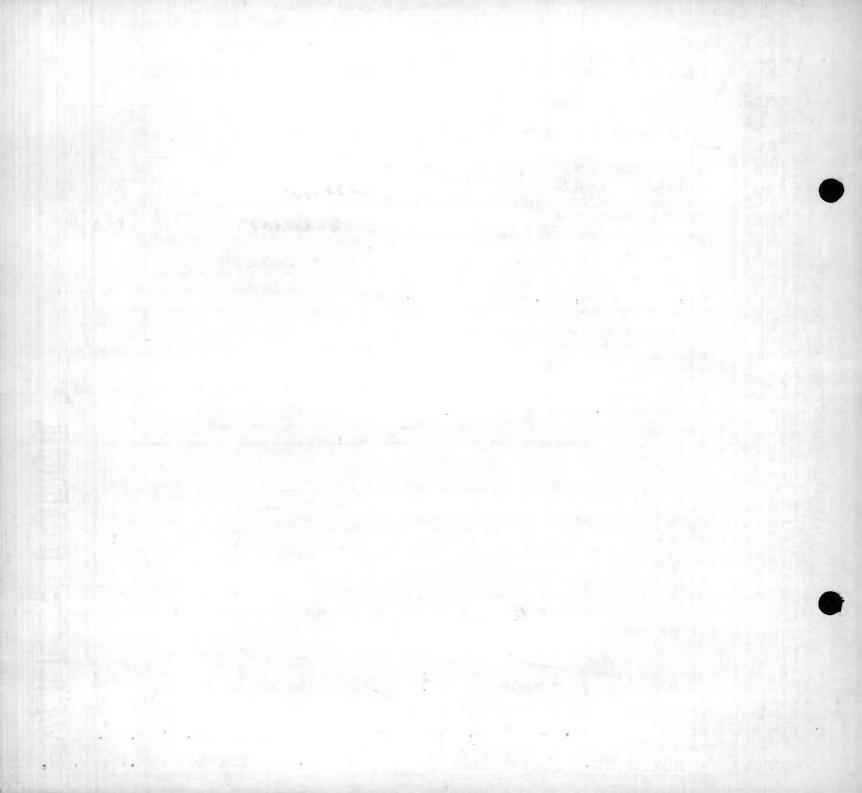
BIRTH NO.	MEDI	ICAL EXAMINER'S C	EKTIFICATE OF L	JEAIN Registered R	TO A STATE OF THE PARTY OF THE
M.E. CASE NO.	CEASED GALC	RESTRONALD PEPERSAC	2, DATE AND	D HOUR PRONOUNCED DI	EAD
(Type or Print)	XXXXXX	OBORO CERREROSOK	10-3	31-65	10:38 PM.
	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE Maryland		: residence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET (TION)	C. CITY OR TOWN (II outside	corporate limits, write RUR	AL and give township)
BA BA	ALTIMORE CITY	HOSPITAL - DOA	Dundalk D. STREET ADDRESS (II rurol, 2020/00000000000000000000000000000000		unmurry Rd. 2
5. SEX Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Never Married	B. DATE OF BIRTH NOV • 2- 1941		Jnder 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
Millright	working life, even if retired) - hand	Bethlehem Steel Co.	Maryland	Ü	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAA	George J. Pe	epersack	Gladys Dick		
	D EVER IN U.S. ARMED	s of service) SECURITY NO.	17. INFORM ANT		DRESS
Yes,	Marines, Dis	scharged216-38-3554 25-1965 CAUSE	Father, Mr. Geor	ge J. Pepersac	k, # 4,a,b,c,d
heart foilure injury or co	not meen the mode of , oathenio, etc. If meens mplicotion which coused ANTECENDENT CAUSE OR CONDITIONS, IF A LE ABOVE CAUSE (A) ST	the disease, deoth.) S (B)			
	NG CONDITION LAST.	(C)			
O THE	II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	LATED TO THE			
0 2	OPERATION 198. CON	DITION FOR WHICH OPERATION FORMED	Yes	IN CERTIFYING CAUSES O	F DEATH?
UTING CAU	L CAUSE WAS DOR CONTRIB- ISE OF DEATH.	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) Street	in or obout 21C. WHERE DID (olfice bidg., INJURY OCCUR? and Belcle	III in Boltimore City, give ex Intersection care Road	of Yorkway
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	10.15	21F. HOW DID INJU	auto-auto coll	lision
	tify that I held on I			s basis, death in my ap	Inlon
ACTUA SIGNAT EXAMIN NAME (URE VERNER	U. SPITZ, M.D.	CHIEF MEDICAL EX ASSISTANT MEDICAL EX	AMINER	DATE SIGNED 11-1-65
23A, BURIAL CRE REMOVAL (Specil Burial	MATION, 238 DATE	23C. NAME OF CEMETERY			or county) (State)
NOV 3	1965 P. A.	248, NAME OF REGISTRAR 2. Farbusta	24C. FUNERAL DIRECTOR	7922 Wise Ave.	Dundalk, Md.
VS 151-REV. 1/1/					212



VS 150-REV. 1/1/65

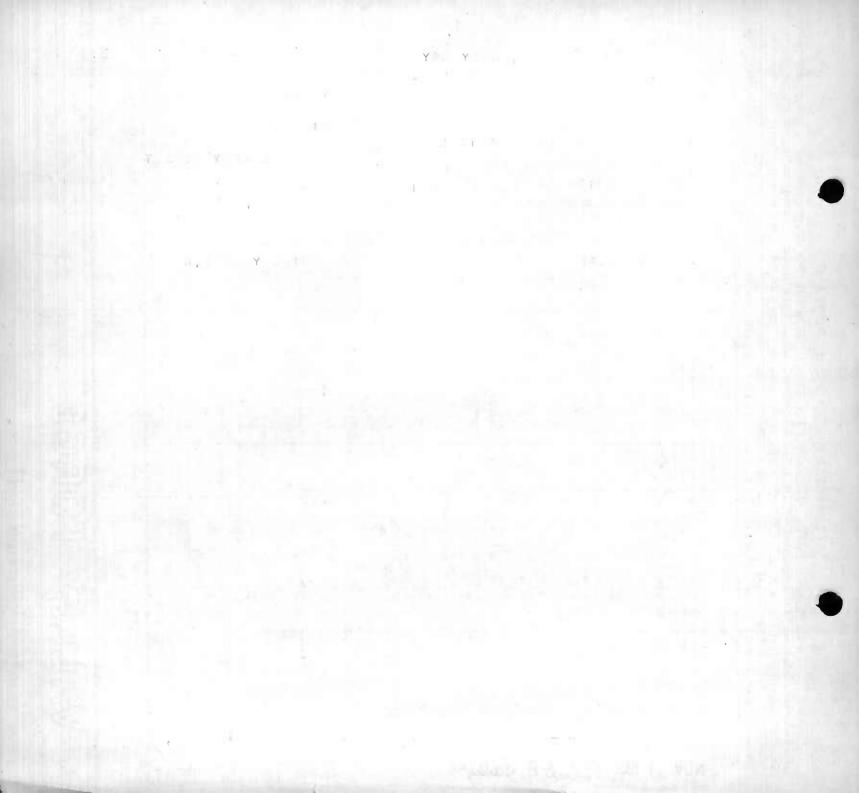
	BALTIMORE CITY I	HEALTH DEPARTMENT		CE AAOEO
BIRTH NO. 65 11250	CERTIFICAT	E OF DEATH	Registered Na	65 11250
M.E. CASE NO.		2. DATE	AND HOUR OF DEATH	
(Type or Print) KARCZEWSKI,	TANN	10.3	1.65 4.24.P.	40.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (V	here deceased lived. If in:	titutian; residence before admission)
		A. STATE B. CO	YINU	1
FULL NAME OF (If not in haspital or institution, gr HOSPITAL OR address or lacotion)	ve street	MARYLAND .	autside city limits, write R	656
INSTITUTION	0-11		outside city limits, write k	ORAL and give township)
MARYLAND GENERAL HOS	17772	BALTIMORE D. STREET ADDRESS	(If rural, give location)	
16		1204 Delbe	of Ave	- 21224
Mala INID. to WIDOWED,	DIVORCED (specify)	10-23-1900	9. AGE (In years last birthday) 6.5	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY I	1. BIRTHPLACE (State or		12. CITIZEN OF
lone during most of working lile, even if retired)				WHAT COUNTRY?
letered from had Balto Hotel & BALTO	CITY Pelice	1.GERMAI		V.S.A.
3. FATHER'S NAME	1.	4. MOTHERS MAIDEN I	NAME	
anthony Karenew		ANNA GOR.	/	
5. Was Deceased Ever in U. S. Armed Farces? Yes, no ar unknown) (II yes, give war ar dates a service)	1 6. SOCIAL	7. INFORMANT	1	ADDRESS
Yes, Coast Gaurd, Feb. 1920	213-28-7268	infe of palls	ul- on admis.	Szen As ahone.
18. 7 to April 1922	CAUSE OF	DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	4.0			ONSET AND DEATH
LEADING TO DEATH	(A) ASPIA	PATION GAS	TRIC CONTEN	Ts Sudden:
(This does not mean the made of dying, e.g.,	DUE TO			
heart failure, asthenia, etc. II means the disease, injury or complication which caused death.)		4	. 0	Two days.
ANTECEDENT CAUSES	(B) 5///	ALL BONFF	OBSTRUCTION	I wo days.
DISEASES OR CONDITIONS, if any, giving	DUE TO			
rise to the above cause (A) stating the	(C)			
UNDERLYING CONDITION last.	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
		44		
19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes	No) 20B. IF YES, WERE F	INDINGS CONSIDERED
E O MA	NH	-NO -		
☐ 21A. A CCIDENT WAS UNDERLYING ☐ 21B. home of CAUSE OF	PLACE OF INJURY (e.g., in e, larm, factory, street, affic	ar about 21C. WHERE DIE	(If in Baltimare	City, give exact lacation)
O 21D-TIME (Month) (Day) (Year) (Hour) 21E.	INJURY OCCURRED	21E HOW DID	INJURY OCCUR?	
S OF INJURY	e At Not While		MOOK! OCCOR.	
(APPROX.) World				
22. I certify that (I) (this hospital) attended th	e deceased from	· 15C1- 30	1965 to	BC1- 31 19 65
that (1) (we) last saw the deceased alive an	Oct 31	19 65 and	that in (my) (aur) apir	nlan deoth accurred an the dat
and have and from the causes stated above. (1)				
23A. SIGNATURE				23B. DATE SIGNED
As. (Punethi)	M.D. Atten	ding Med.	Stoff Th	10-31-65
7	M.D. Atten	Director _	Phys.	10-31-63
AS. (Pinelhi) 23C. PHYSICIAN'S NAME (Type) A. S. QURESHI	23	D. ADDRESS UNIV	ERSITY HO.	SPITAL
4. 3. Questin	M.D.			
	ME of CEMETERY OF CREM	AATORY 240	HORE 212	y, tawn, ar caunty) (State)
Burial Nov. 4-1965 S	t Stanielass			
				lto. Md. 21224
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF		TOHN T DITT		ADDRESS
NOV 3 1965 Robert E. J.	Trigenting	AOTHA 9. DOT	n aday hudson	St. Balto. Md. 21

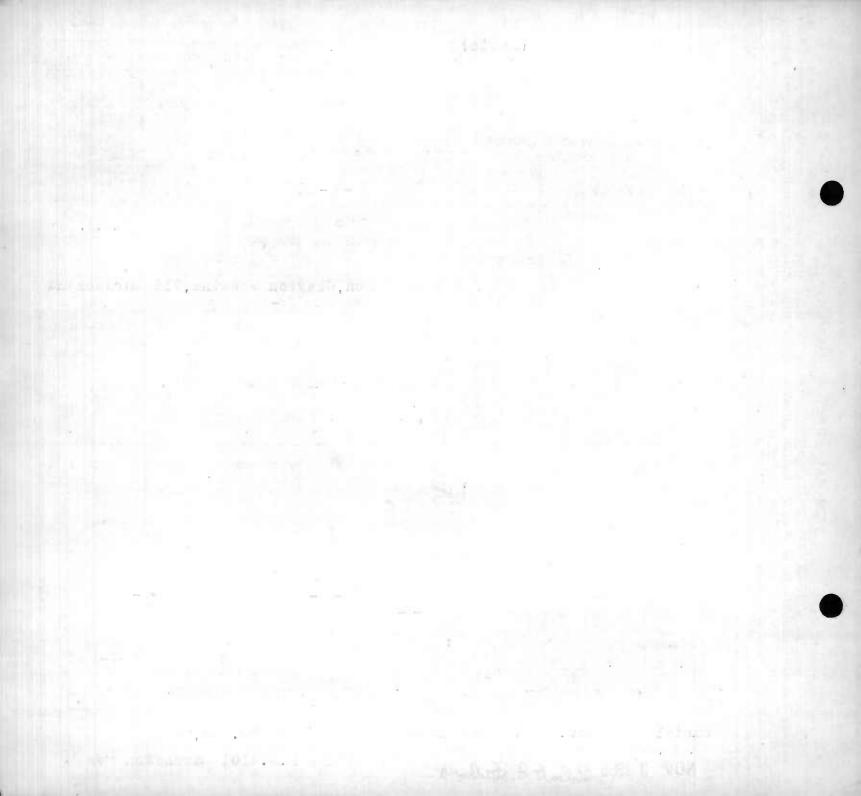
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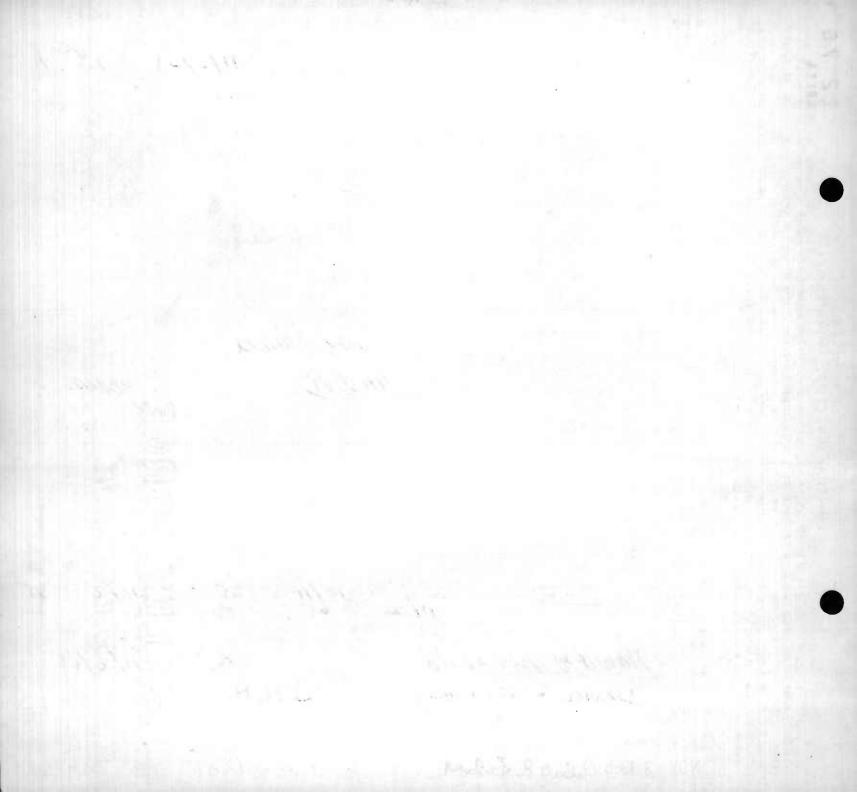
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	pe or Print)	Ko	195,	BABY BOY		2. DATE	11-1-65	ATH	6:50
	FULL NAME (HOSPITAL OR INSTITUTION	OF (If not in hooddress or	ospitol or institut location)		A. STATE MARY	I MORE	nere deceosed lived. NTY outside city limits, w	rite RURAL on	0-10
5.	SEX MALE	6. RACE WHITE	7. MARI	RIED, NEVER MARRIED	8. DATE OF B	IRTH	9. AGE (In years lost birthday)		er 1 Yr. If Un Doys Hours
	A. USUAL OCC		of work 10B, KIN	DWED, DIVORCED (specify) EVER MARRIED D OF BUSINESS OR INDUST	10-3°	-	reign country)	1	ZEN OF
13.	FATHER'S NA	ME			14. MOTHER:	MAIDEN N	AME		-
	JEROM	E KOLAR				SHIRLE	Y PEYTON		
		Ever in U. S. Am (If yes, give wor		ice) 16. SOCIAL SECURITY NO.	17. INFORMA	NT			ADDRESS
ŀ	heart failure, injury ar cor	nol mean the mo asthenia, etc. ft application which a	means the dise coused deoth.)	ease,	Ruer	n Ti.	17.		9 dad a da aria da a - 1885 a manamanana da a a a a a a a a a a a a a a a a
NO	hearl failure, injury ar cor DISEASES (rise to the UNDERLYIN)	asthenia, etc. ft nplication which a ANTECEDENT COR CONDITIONS e abave cause G CONDITION to	means the disecoused deoth.) AUSES i, if any, gi (A) stoting ist. ONS CONTRIBL	ving (C)	Pur	natu	embrane 2 uity	- P	
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CAL CERTIFICATIO	DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19A. DATE OF 19A. DATE OF INJURY (APPROX.) 21. A. CCIDE OF INJURY (APPROX.) 22. 1 certify that (1) we and hour on 123A. SIGNATI	asthenia, etc. ft application which a consideration to the constant of the con	means the disecoused deoth.) AUSES i, if any, gi (A) stoting ist. ONS CONTRIBL T RELATED TO SING IT. B. CONDITION F AS PERFORMED YING (Yeor) (Hour) OSSPITOL OF TO	DUE TO Ving the (C) JTING THE FOR WHICH OPERATION 21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) 21 E. INJURY OCCURRED While At Not Work Not Work Work At Work Not Work Not Work Work At Work At Work Not Work M.D.	20A. AUTO , in or obout 21C. office bldg., INJU 21F. thile 19 (b) view the body Attending []	WHERE DID IN DID	No) 208, IF YES, WI IN CERTIFYING (If in Bolti AJURY OCCUR? 19	ERE FINDINGS CAUSES OF imore City, give	ve exoct locoho
MEDICAL CERTIFICATIO	DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.)	asthenia, etc. ft application, etc. ft application which a ANTECEDENT CAR CONDITIONS etc. above cause G CONDITION to the condition of the cond	means the disecused deoth.) AUSES is, if any, given the control of the control	DUE TO Ving the (C) JTING THE FOR WHICH OPERATION 21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) 21 E. INJURY OCCURRED While At Not Work Not Work Work At Work Not Work Not Work Work At Work At Work Not Work M.D.	20A. AUTO office bldg., INJU 21F. Thile 19 View the body Attending 23D. ADDRESS JOHNS	WHERE DID IN OCCUR? HOW DID IN OCCUR? And of the death Med. Director	JURY OCCUR? 19 to	ere findings CAUSES OF imore City, give opinian dec	oth accurred of

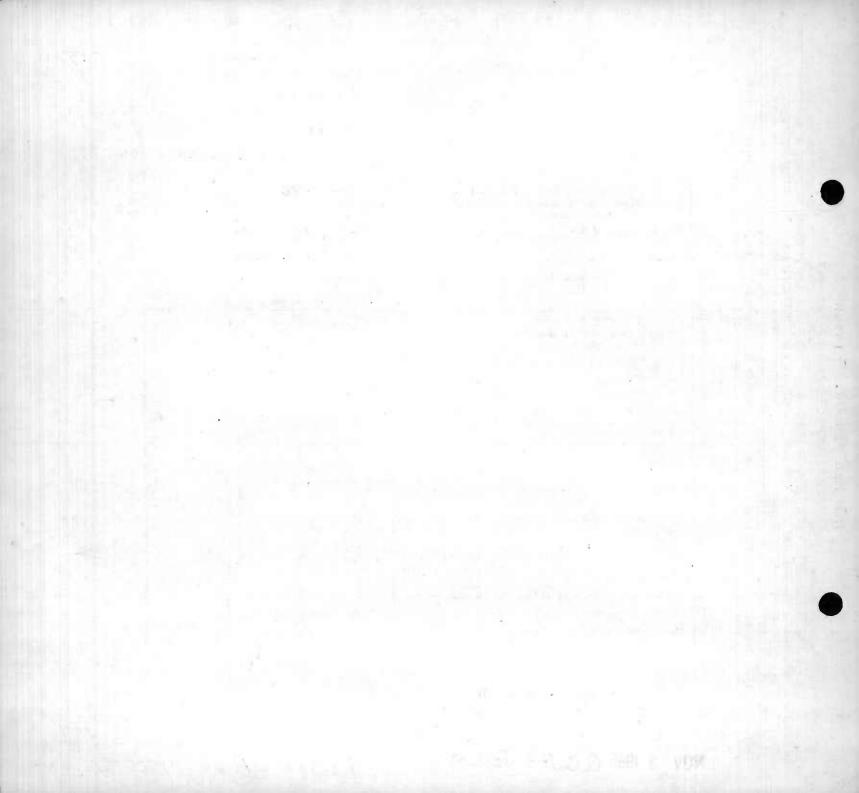




	65 1125	4	BALTIMORE CITY	HEALTH DEPARTMENT	1	65 11254
BIRTH NO. M.E. CASE NO.	49 1150	2	CERTIFICA	TE OF DEATH	Registered No	. OO KINOI
Type or Print)				2. DATE A	NO HOUR OF DEATH	15 1
	,SARAH				11/2/4	5 143 4
3. PLACE OF D	EATH IN BALTIMORE, MAR	YLAND		4. USUAL RESIDENCE (WHA. STATE B. COU		institution: residence before admissi
FULL NAME		r institution,	give street	MARYLAND	BALTIMOR	
INSTITUTION	dutiess of locollotty					RURAL ond give township)
THE .	JOHNS HOPKIN	S HOS	PITAL	D. STREET ADDRESS (I	ATION I rural, give location)	2000
20				109 CENTER	STREET	
5. SEX	6. RACE 7		D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 F Months! Days Hours Min.
FEMALE	NEGRO	MAR	RIED	8-25-09	56	
	CUPATION (Give kind of work) of working life, even if retired)	08. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
17	emile !			BAllo,	Md.	4. SA
13. FATHER'S NA	AME			14. MOTHERS MAIDEN NA	ME	
t	ink			UNK.		
5. Wos Decease Yes, no or unknow	ed Ever in U. S. Armed Force wn) (If yes, give wor or dotes	of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Λ	ADDRESS
10			219-22-4274	KAYMOND 1	SYPON 1	109 CONTEY
1B. 4 6	43XI	1	CAUSE O	F DEATH	_	INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIRE	CTLY		Omal Sail		OHSEI AND BEATT
(This does	not mean the made of	dying, e.g.	(A) DUE TO	coney june	wy	
heart failure	e, asthenia, etc. It means to omplication which coused o	he disease		10001		
	ANTECEDENT CAUSES		(B)	MSCVD	************************************	yan.
DISEASES	OR CONDITIONS, if or	ny, giving	DUE TO			
rise la l	the abave cause (A)				•••••••	
ONDEREN	II					
O OTHER SIG	NIFICANT CONDITIONS CO	NTRIBUTIN	NG .			
DISEASE O	DEATH BUT NOT RELAT					
OTHER SIGNOTHER	OF OPERATION 198. COND	ORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or N		E FINDINGS CONSIDERED AUSES OF DEATH?
21A, ACCID	ENT WAS UNDERLYING	21	8. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	IIf in Boltime	ore City, give exact location)
OR CONTRI	BUTING CAUSE OF	ho	me, form, foctory, street, o	ffice bldg., INJURY OCCUR?		,, g. to o
U		(Hour) 21	E INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJURY		w	hile At Not Whil	e —		
			ork At Work	10/11	16	11/2
6	fy that (L) (this hospital)		11/-		19 43 to	11/6 19.6.
	e) lost sow the deceased		-			pinlon death occurred on the o
		d obove	(I) (We) (Aid) (dld not)	lew the body ofter death	•	DATE CICHED
23A. SIGNA	Allamid la	1/11	20 To al AMD. AH	ending Med.	Stoff K	23B, DATE SIGNED
22C BHYSIC	manus /	1cov	Phy	s. Director	Phys	11/2/6)
PHYSIC NAME		R		23D. ADDRESS	H	
24A BIIDIAL CI	REMATION, 1248, DATE		SINHOLD M.D.	J. / 7.	, I).	City town or country (5)
REMOVAL	(Specify)	- //		1	- 1	City, lown, or county) (State
BURIA	L 11-5-6	5 (ARVER Mei	4.	Aurel	ADDRESS
25A. DATE REC'		O T	OF REGISTRAR	25C. FUNERAL DIRECTO	0 0	/
VS 150 BEV 1/1	3 1965 R.C. B	2, 10	ta Stuffing	IMORTON 5	rye 11	1701 LAUTEN
S 150-REV. 1/1	1/65					



VS 150-REV. 1/1/65



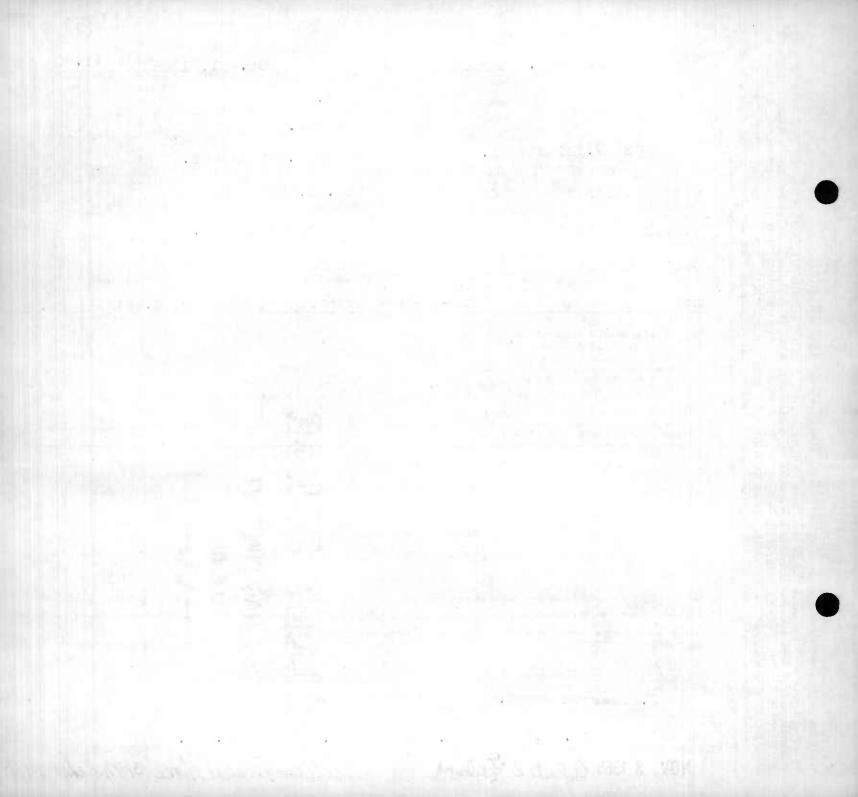
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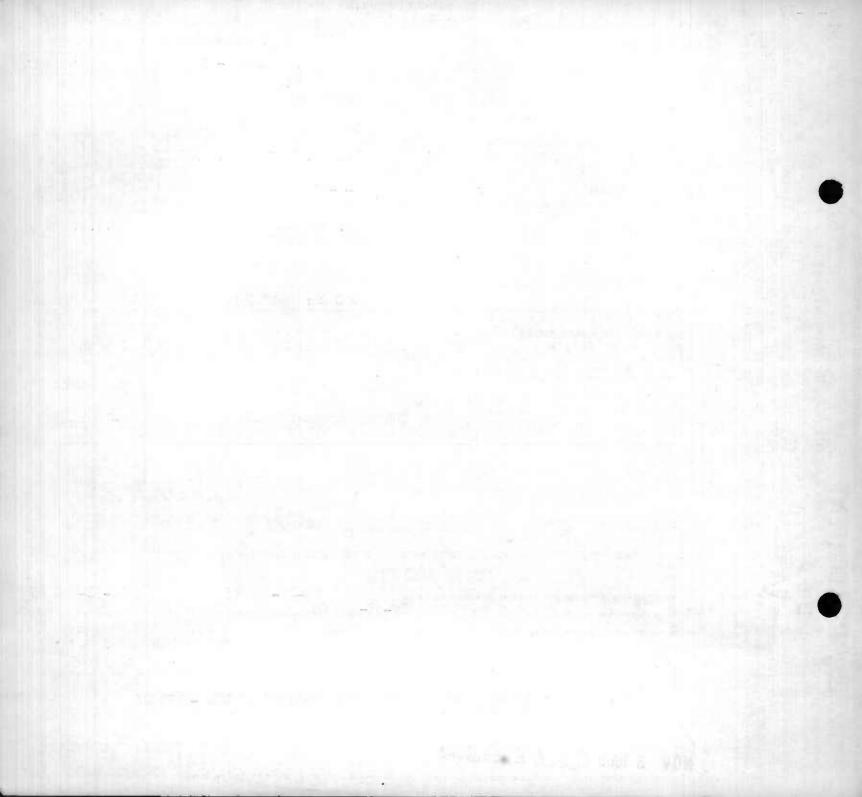
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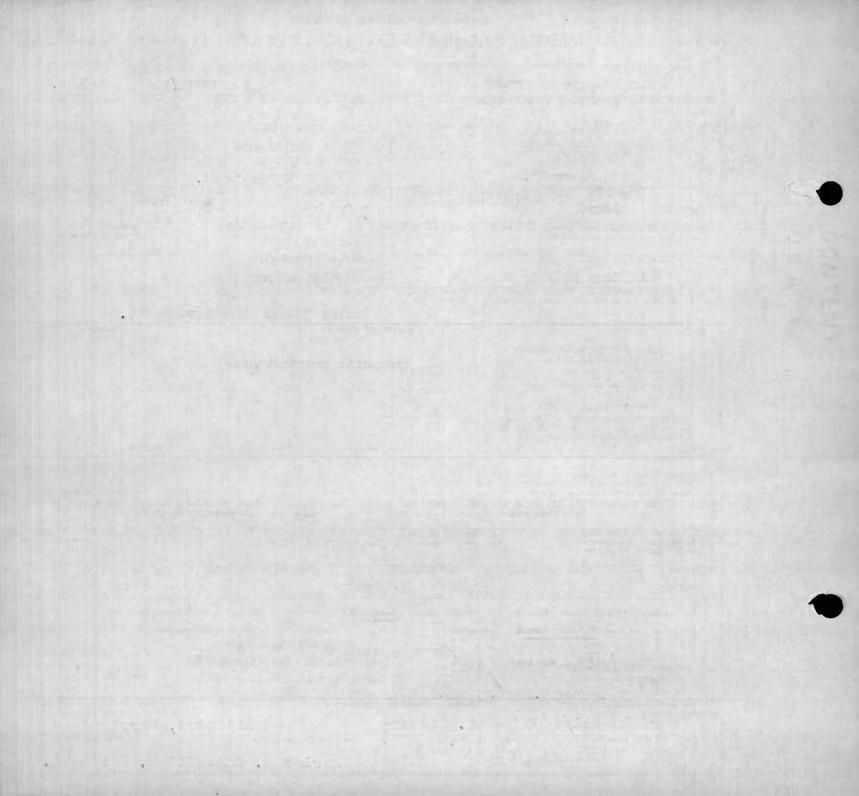
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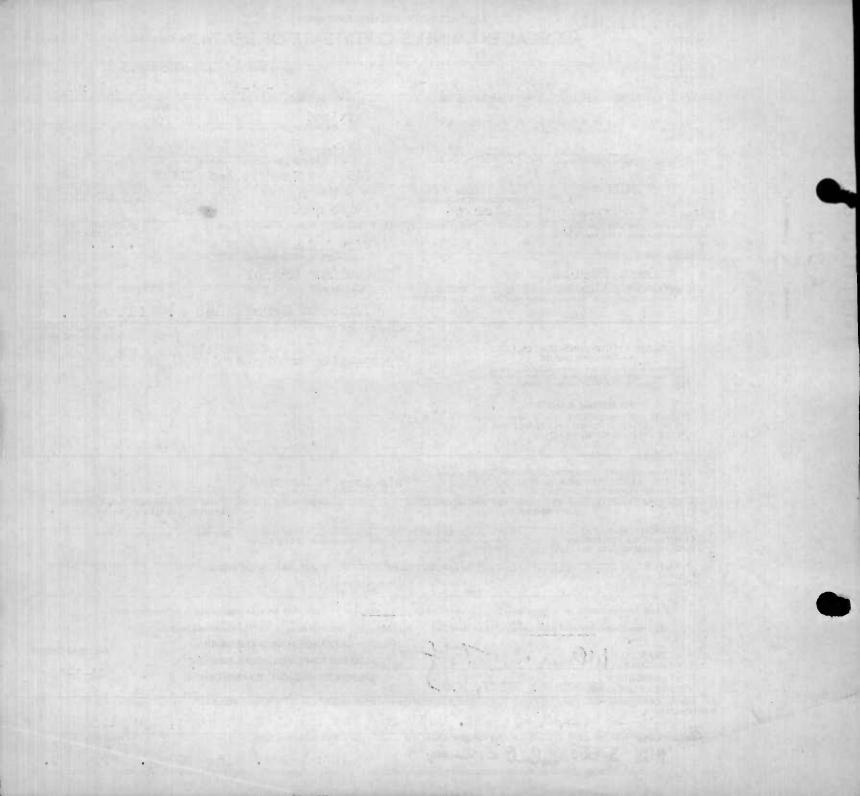
THE WASHINGTON

MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH Registered No.	65	1121
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in	EASED	Proven		2. DATE AND	HOUR PRONOUNCE		
3. PLACE IN BALT		Brown HERE PRONOUNCED DEAD	4. USUAL RESID	ENCE (Where de	10/31/65	ution: residence befo	M.
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE ST	DEET	aryland	8. COUN		
HOSPITAL OR	ADDRESS OR LOCA	ATION)		Baltimor		KUKAL and give to	wishipi
00	925 Bevan	S t	D. STREET ADDI				
5. SEX	6. RACE	7. MARRIED, NEVER MARRI		925 Bev	9. AGE (In years	If Under 1 Yr, If U	
female	colored	WIDOWED, DIVORCED(spec	1/10/1			Months Doys Ho	buis Min.
dane during most of w	vorking life, even if retired)	10B. KIND OF BUSINESS OR	New Jes	rsey	country)	12. CITIZEN OF WHAT COUNT	RY?
13. FATHER'S NAM	Iliam Palm	1Ar	Annie				
15. WAS DECEASED	D EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT	DOOM		ADDRESS	
Tres, no or onknown	you, give war of both	3 OI SEIVICES SECONITI		Boone 9	25 Bewans	St.	
OTHER SIGN OTHER DISEASE OR	NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S' IG CONDITION LAST. II IIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTING LATED TO THE					
O TOPA. DATE OF	WAS PER	FORMED		(Yes or No) 20	B. IF YES, WERE FINI	DINGS CONSIDERE ES OF DEATH?	D
Q UNDERLYING UTING CAU	OR CONTRIB-	218, PLACE OF INJ home, fam, factory, etc.)	URY (e.g., in or about 21C. V street, affice bidg., INJURY	HERE DID (IF	in 8altimare City, give	e exoct location)	
21D TIME OF INJURY (APPROX.)	(Manth) (Day) (Yea	while AT work	NOT WHILE AT WORK	YAULNI DID W	OCCUR?		
22. I cert	ify that I held on I	nquiry Inspection	Autopsy X one	that on this	bosis, deoth in my	opinion	
1 1 1 1 1 1 1 1	ted from: Notural co	uses Accident		EDICAL EXAM			SIGNED
ACTUAL	IRE Melrue	n.Znl	M.D. ASSISTANT MI	EDICAL EXA	MINER 🚣		
ACTUAL SIGNATI EXAMIN NAME (1	ER'S	J. Spitz, M.D.	ASSOCIATE M		MINER	10/31/65	

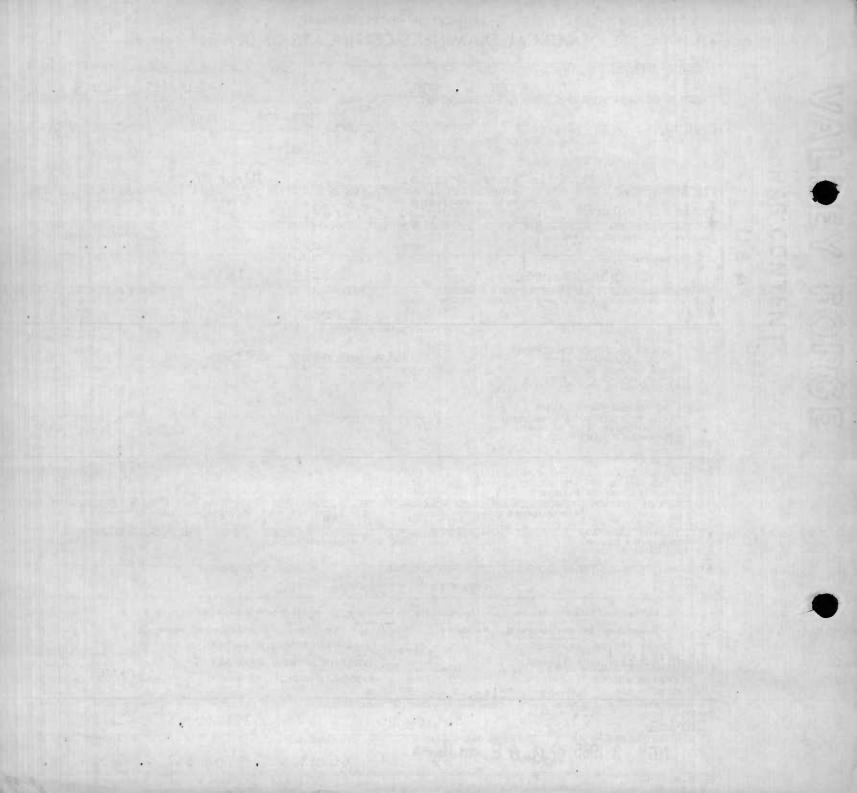


Charles A. Rice 661 W. Barre St.



135	12	-	640	4.3
65	1	3	26	I.

BIRTH NO. DO LICOMEDI	ICAL EXAMINER'S	CERTIFICATE OF DEA	ATH Registered No. 65 11262
M.E. CASE NO.			
1. NAME OF DECEASED	TEDNOM C MEDDIC		TO A COLOR
3. PLACE IN BALTIMORE, MARYLAND, WE	AL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceded A. STATE Maryland	11/2/65 12:25 a. M. ased lived. II institution: residence before admission) B. COUNTY Protote limits, write RURAL and give township)
HOSPITAL OR ADDRESS OR LOCA	(IION)	Baltimore	orde milita, while nonce one give township
0		D. STREET ADDRESS (II jural, give	
	n Square Hospital	5 N. Gilmo	
	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Never Married		AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min.
done during most of working life, even if refired) Laborer	TOB. KIND OF BUSINESS OR INDU	Maryland	ntry) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Charles Meri	rick	Hattie DeShie	lds
15. WAS DECEASED EVER IN U.S. ARMED (Yes, na ar unknown), (If yes, give war ar dotes		17. INFORMANT	ADDRESS
		Mildred B. Wood	is 1007 W. Fayette St.
1B. / / /	CA	USE OF DEATH	INTERVAL BETWEEN
DISEASES OR CONDITIONS, IF AI RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELEDISEASE OR CONDITION CAUSING TO THE DISEASE OR CONDITIONS OF THE DISEASE OR CONDITIONS OF THE DISEASE OR CONDITIONS OF THE DISEASE OR CONDITIONS, IF AI RISEASE OR CONDITIONS, IF AI RISEASE OR CONDITIONS, IF AI RISEASE OR CAUSE (A) ST UNDERLY OR C	CONTRIBUTING		
DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONI	DITION FOR WHICH OPERATION		IF YES, WERE FINDINGS CONSIDERED ENTRY OF DEATH?
Z1A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21 B. PLACE OF INJURY (a home, form, foctary, streetc.)	.g., in at obout 21C. WHERE DID (II in M), office bldg., INJURY OCCUR?	0
OF INJURY (APPROX.) (Month) (Day) (Year)	WHILE AT N	ED 21F, HOW DID INJURY O	CCUR?
I certify that I held on In		Autopsy cond that on this bo	
ACTUAL SIGNATURE EXAMINER'S	u Spif	A.D. ASSISTANT MEDICAL EXAMII ASSOCIATE MEDICAL EXAMI	NER X
NAME (Type) Werner	U Spitz. M.D.		
REMOVAL (Specily) Burial 238. Date 11/5/	65 Mt. Aubu		imore, Maryland
NOV 3 1965	248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR Charles A. Ri	ice 661 W. Barre St.



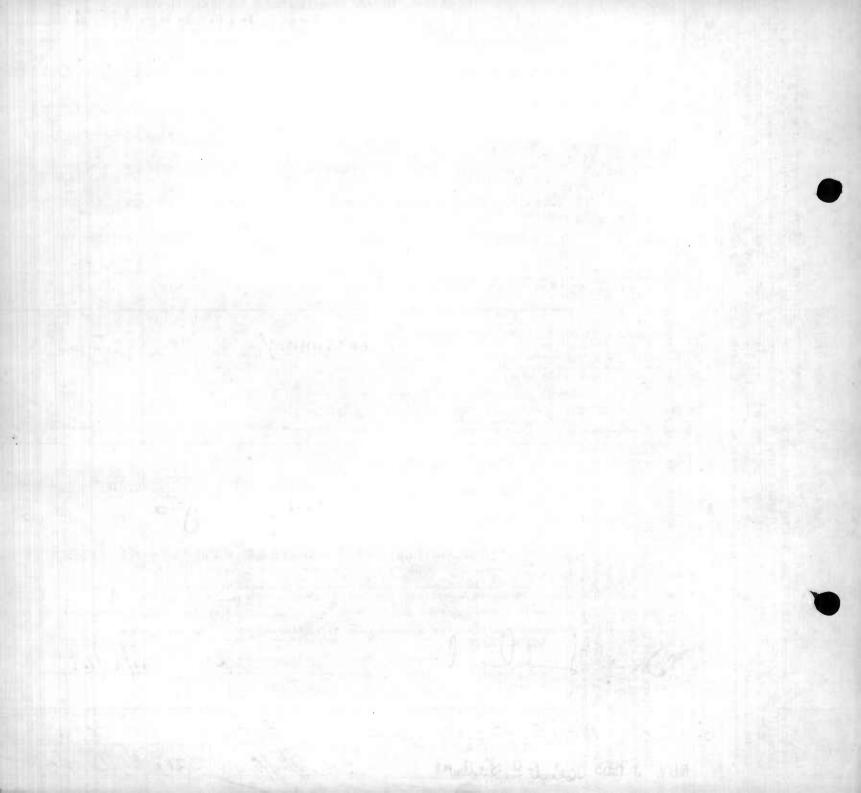
IMPORTANT

DIRECTOR:

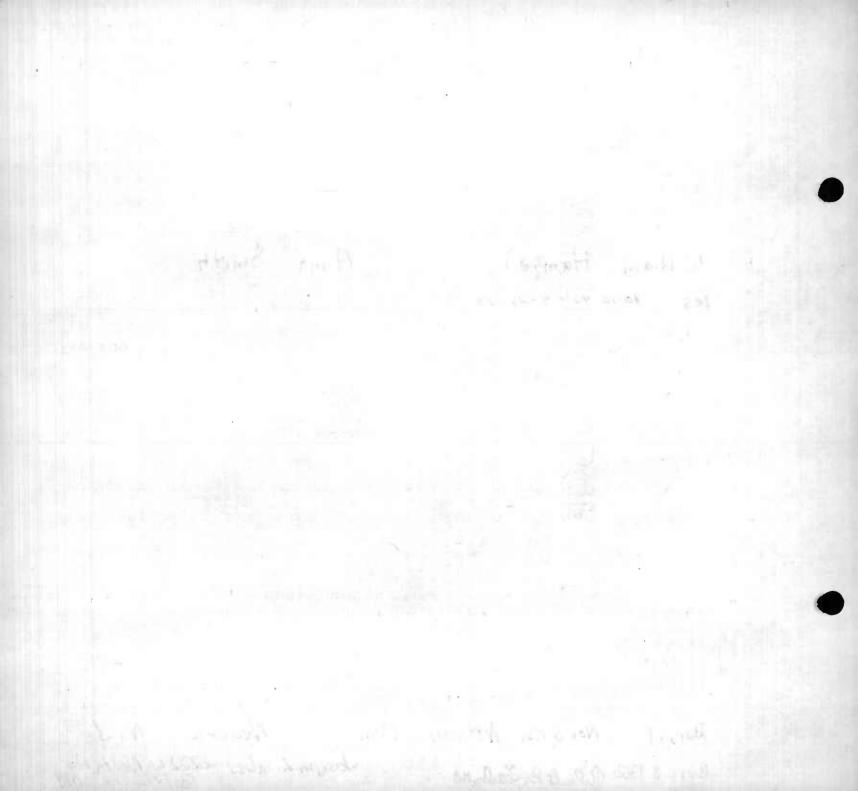
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NAC	65-27450 BALTIMORE CITY HEALTH DEPARTMENT	44004
7007	BIRTH NO. CERTIFICATE OF DEATH Registered No.	11204
an ase th th	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
of deat Of deat Decease on th	(Type or Print) PATRICIA TEAN KIX NOV. 2, 1965	1/2:42 P M
of De of	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased fived, il institute and state and state are deceased fived). Il institute and state are deceased fived.	ition: residence before admission)
S)	FULL NAME OF (If not in hospital or institution, give street)	Balto
	HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RUR	AL and give township)
0 8 9	BAL40	#22
0	Md. GEN. HOSP 21.3 Colapte	Dua
de ar		f Under 1 Yr., If Under 24 Hrs.
occurribu rmine egula ased		lonths Doys Hours Min.
0 0 0 0 Si		2. CITIZEN OF
B - D	done during most of working life, even if retired)	WHAT COUNTRY?
de de un Un Un us de se de cosit	13. FATHER'S NAME	USH
if ect	Rilala II fi mille Ta	ia. L
4 . dib	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
the the deat deat	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	, and the same of
assisting the state of the stat	Mother	JAme
S C B O C	18. 75-0X CAUSE OF DEATH	ONSET AND DEATH
Also e of noun atte	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) ANENCEPHALY	2 1111
. Als	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease,	
iner. actur pron mbal	injury or complication which coused death.)	
fro	ANTECEDENT CAUSES (8) DUE TO	a d = 1
×ar ×ar ×ar vh	DISEASES OR CONDITIONS, if ony, giving	
	rise to the obove couse (A) stating the (C) UNDERLYING CONDITION lost,	
f medical medical y burns; (3 physician ian was ii		
medical burns; hysicic In was	OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
y by branch		
chief Body the pysicic	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE	S OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 Q. WHERE DID (If in Butimore Ci	ity, give exact location)
the alb	▼ DEATH (notify medical examiner) etc.)	
~ · · · · · · · · · · · · · · · · · · ·	O 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
hosp natur ept w d (6)	OF INJURY (APPROX.) While At Not While	
	Work Al Work	0 2 19 65
ppro the any (exc b, an		
of a of a l (H);		n deoth occurred on the dote
dent dear dear must	ond hour and fram the couses stoted obeye. (1) (We) (did) (did not) view the bady ofter deoth. 23A. SIGNATURE	B. DAYE SIGNED
2 0 .= E 0	M.D. Attending Med. Stoff	
	23C.PHYSICIAN'S 23D. ADDRESS	11/2/63
as a solution	NATAE (Type) M.D.	
y was r (1) An a 3.A. at o d prior		town, or county. (State)
F 74 0 0 5	REMOVAL (Specify) 11/3/15 Ont Canada Batin	and.
	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR	ADDRESS O
This the shov was dece	NOV 3 1965 P. D. F. E. Farley 1 S.W. Stoffman 3218	Hudson St.
	MAN O 1900 Of Manuelland In the Manuelland	



3:20 USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) New Jersey
(If outside city limits, write RURAL ond give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 2807 Baker INTERVAL BETWEEN ONSET AND DEATH one day 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) Oct 31 19.65 ... 19 65 and that in (my) (our) opinion death occurred on the date 23B, DATE SIGNED 11-1/65 deceased (City, town, or county) 3

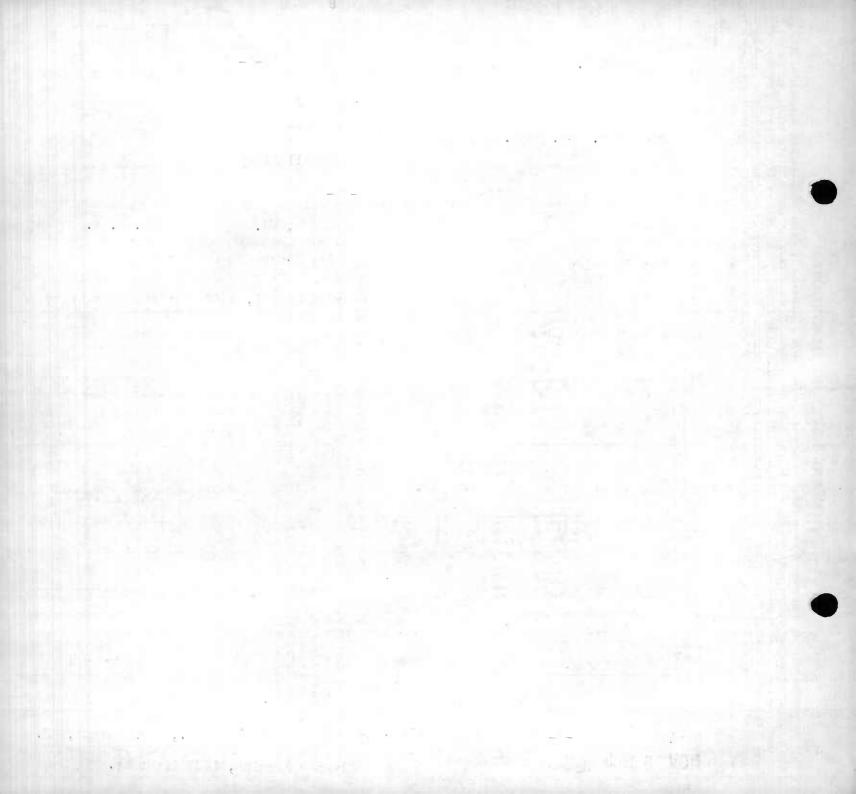


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	65 11	266	BALTIMORE CIT	Y HEALTH DEPARTM	ENT	
BIRTH NO.			CERTIFICA	ATE OF DEA	TH Registered N	°65 11266
N.E. CASE NO.	CEASED			12.0	ATE AND HOUR OF DEA	OU TIMO
Type or Print)		DOT		2.0	11-2-65	1
N 4 6 5 6 5 6	MARIE M. BIS					
. PLACE OF DE	ATH IN BALTIMORE, MA	KILAND		A, STATE B	E (Where deceased lived. I COUNTY	f institution: residence before admission
FULL NAME	OF III and in bounted	an impaisuation				
HOSPITAL OR	OF (If not in hospital oddress or location	on)	give sneer	C. CITY OR TOWN	(If outside city limits, wi	te RURAL and give Lawnship)
INSTITUTION					the position and thinking with	24-2
South	Balto, Gen. 1	Hosp. DC)A	Baltimore D. STREET ADDRESS	01 1 1 1 1 1	
South	Darco, ocu,	losp. De	721	D. STREET ADDRESS	(If rurol, give location)	
				1127 Hall	Alley	
- S EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
m 7	T. Mania da a		D, DIVORCED (specify)	7-27-1903	lost birthdoyl	Months Doys Hours Min.
Female	White	Wide				12. CITIZEN OF
	working life, even if retired)	TOR KIND OF	103111E33 OK 111D031K	11. BIKITITEA CE (31016	or roreign country,	WHAT COUNTRY?
House	wife			Baltimore,	Md.	U. S. A.
3. FATHER'S NA		1		14. MOTHER'S MAID		
John &	ed Boidy			Daisy Jac	CV20H	
. Wos Deceose	d Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT		ADDRESS
	n) (If yes, give wor or dot	es of service)	SECURITY NO.	Chamles Di	5250 Da4	mi ok Hanny Daired 25
No			None	Charles B1	sesi, 5354 Pat	rick Henry Drive 25
18.	OXI		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OF CONDITION DE	RECTLY				ONSEI AND DEATH
	LEADING TO DEATH		(A) C	oronary occi	lusion	immediate
	nal meon the made of		DUE TO	······································	***************************************	
	, asthenia, etc. 11 means		A	rterio sclei	rotic heart	
infork at ca	mplication which caused			disease		1 to 2 years
1 7	ANTECEDENT CAUSES		DUE TO	**************************************	*******************************	T CO Z VCAI B
DISEASES	OR CONDITIONS, if	ony, giving				
	ne abave couse (A)	slating the	(C) D	iabetes mell	Litus	?
UNDERLYIN	G CONDITION last.					
	ll l					
OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTIN	G			
OTHER SIGN TO THE DISEASE OR	CONDITION CAUSING	ATED TO TH	E			
	F OPERATION 198. COM	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Ye	s or No) 208. IF YES, WE	RE FINDINGS CONSIDERED
50	WAS PER	FORMED		No	IN CERTIFYING	CAUSES OF DEATH?
21A, ACCIDI	NT WAS UNDERLYING	7 721R	PLACE OF INITIBY		DID (If in Robin	more City, give exact location)
OR CONTRIB	UTING CAUSE OF	horr	PLACE OF INJURY (e.g., ne, form, foctory, street,	office bldg., INJURY OC	CUR?	note only, give exoct locoson;
	y medicol exominer)	etc.	J			
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW D	ID INJURY OCCUR?	
OF INJURY		Wh	ile At Not Wi			
(APPROX)		Wo		k L		
22. I certify	that (1) (this hospita	I) attended t	he deceased from	February	7 2310 65 10	November 2 19 65
			October 2	7 19 65	1.1	
rnar (I) (we) last saw the decease	ed dilve dn			ana that in(my) (aur)	aplnian death accurred an the de
and haur ar	nd fram the causes sta	ted abave. (l) (We) (did) (did nat)	view the bady after	death.	
23A. SIGNAT	URE /	\ 0				23B, DATE SIGNED
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V	/ ~~		PI	lys. Directo	Phys.	
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	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DI		ADDRESS
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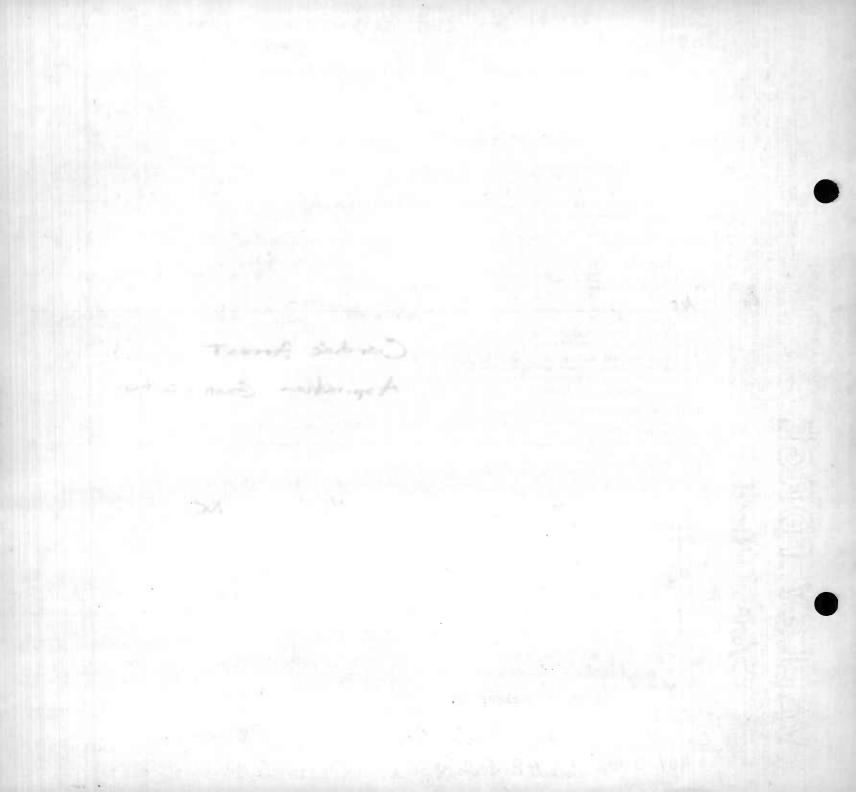
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65 11268 BAL	TIMORE CITY HE	ALTH DEPARTMENT		65 1126
	RTIFICATE	OF DEATH	Registered No	3
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Type or Print)				
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	A.	STATE B. COU	INTY) A L
FULL NAME OF (If not in hospital or institution, give street		Maryland	Part of	101
HOSPITAL OR oddges or location) \$ 500 INSTITUTION			outside city limits, writ	e RURAL and give township)
		Baltimore		
711 N. Streeper Street	200		If rurol, give location)	
21205		711 N. Str	eeper Str	
6. RACE 7. MARRIED, NEVER MAN WIDOWED, DIVORCE	ED (specify)	ATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours
female white widowed	1 1	/9/98	67	
OA, USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS	OR INDUSTRY 11.	BIRTHPLACE (State or lo	reign country)	12. CITIZEN OF
lone during most of working life, even if relired) Housewife home	B	altimore, l	Md	WHAT COUNTRY?
3. FATHER'S NAME		MOTHERS MAIDEN N		
Ignatz Biebl		arbara Viv	ara	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIA Yes, no or unknown) (II yes, give wor or dotes of service) SECUR	L 17.	INFORMANT		ADDRESS
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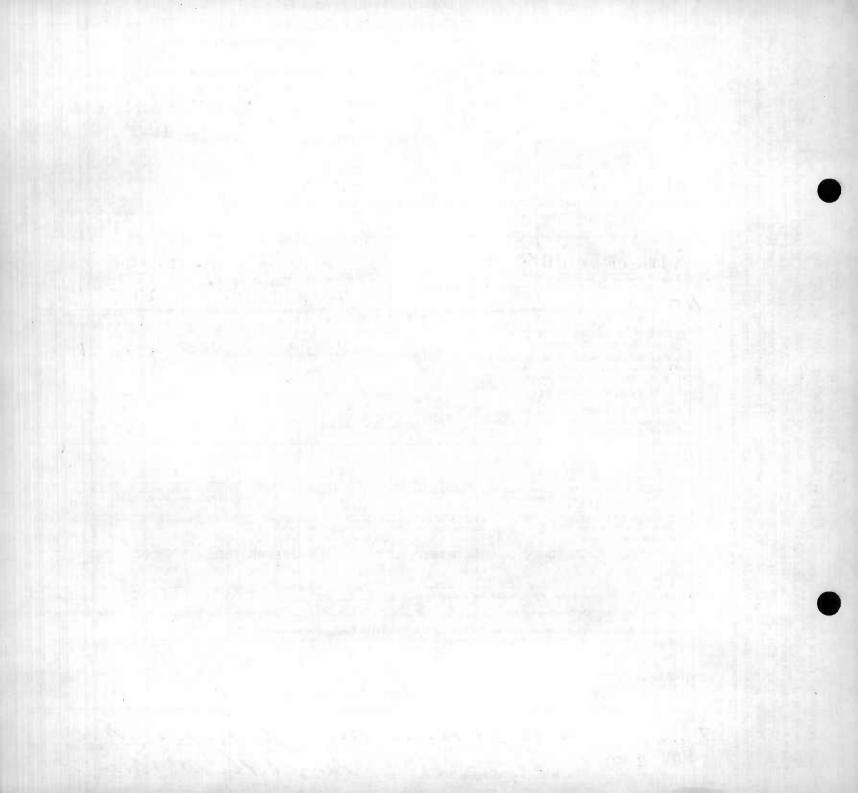
1.	E. CASE NO. NAME OF DECEASED	CERTIFICA		DATE AND HOUR OF D	
	pe or Print) Johnson, Helen M.	aude		10-31-	65 5:10
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDEN	CE (Where deceased live B. COUNTY	ed. If institution: residence before
	FULL NAME OF (If not in hospitot or institution, give s	street	Md.		15-(1)
	HOSPITAL OR oddress or focotion) INSTITUTION			(If outside city limits,	write RURAL and give fownship)
1	University of Maryland Ho	rental	Baltin		
	Carones Al a. Conflowed . 16	200	D. STREET ADDRESS		
			100 000	Fremont A	we
5.	6. RACE 7. MARRIED, NEV WIDOWED, DIV	VORCED (specify)	8. DATE OF BIRTH	9. AGE (In year lost birthday)	rs If Under 1 Yr. If Under 1 Months Doys Hours
	T. N Widows	ch	12-5-98	66	
	N. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSI	INESS OR INDUSTRY	11. BIRTHPLACE (Stot	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-	Domester		Virginia		US A
1;	FATHER'S NAME		14. MOTHER'S MAIL	DEN NAME	
	Louis Brown		Brance	Brown	
16		SOCIAL	17. INFORMANT		ADDRESS
(Ÿ	s, no ar unknown) (If yes, give wor or dates of service)	SECURITY NO.			ADDRESS
	No. 2	17-14-527	chart		
ĺ	NO. 18. 5-60.31 DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH		INTERVAL BETW
			1		
	LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) (10	y diac f	trest	10
	heart failure, asthenia, etc. It means the disease,	00110		Frest.	
	injuly ar camplication which coused death.)	A	- Tolian	Contract	conteste
	ANTECEDENT CAUSES	DUE TO	7		
	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the	(C)			
	UNDERLYING CONDITION lost.	(C)			***************************************
	II .				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
	DISEASE OR CONDITION CAUSING IT.				
COTICIO	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE		20 A. AUTOPSY? (Y	es or No) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?
TOS.		CE OF MILLEY	TO	100)
VIV	21A. ACCIDENT WAS UNDERLYING 21B. PLAC	CE OF INJURY (e.g., in rm. foctory, street, off	ice bldg., INJURY OC	CCUR?	oltimore City, give exact location
(DEATH (notify medical examiner) etc.)				
AEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJU OF INJURY			DID INJURY OCCUR?	
AA	(APPROX.) While At	Not While			
	22. I certify that (I) (this hospital) attended the de		10 - 17	19 1-5 10	10 - 31
	that (1) (we) lost saw the deceased alive on				r) opinion death occurred or
					n phillion gagtu occurred of
	ond hour and from the couses stated above. (I) We 23A, SIGNATURE	e) (did) (did nat) vl	ew the body ofter	deoth.	DAR DATE CIONER
	2)	M.D. Atter	nding Med.	Stoff 3	23B. DATE SIGNED
	1 felson J. Starley	Phys	. Direct	or Phys.	10-31-65
	23 C. PHYSTCIAN'S NAME (Type)	2	3D. ADDRESS		
	Nelson Keeler, Jr	M.D.			
14		of CEMETERY of CRE	MATORY	24D. LOCATION	(City, town, or county)
-	11-7-65 P	1 Pos-		1/101	L. Vn
1	A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	GISTRAR	25C. FUNERAL D	IRECTOR ST	ADDRESS.
6					
2.	NOV 3 1965 P. P. F. D. T. D.	44.5	Home.	1 VI	1348N 6.11.

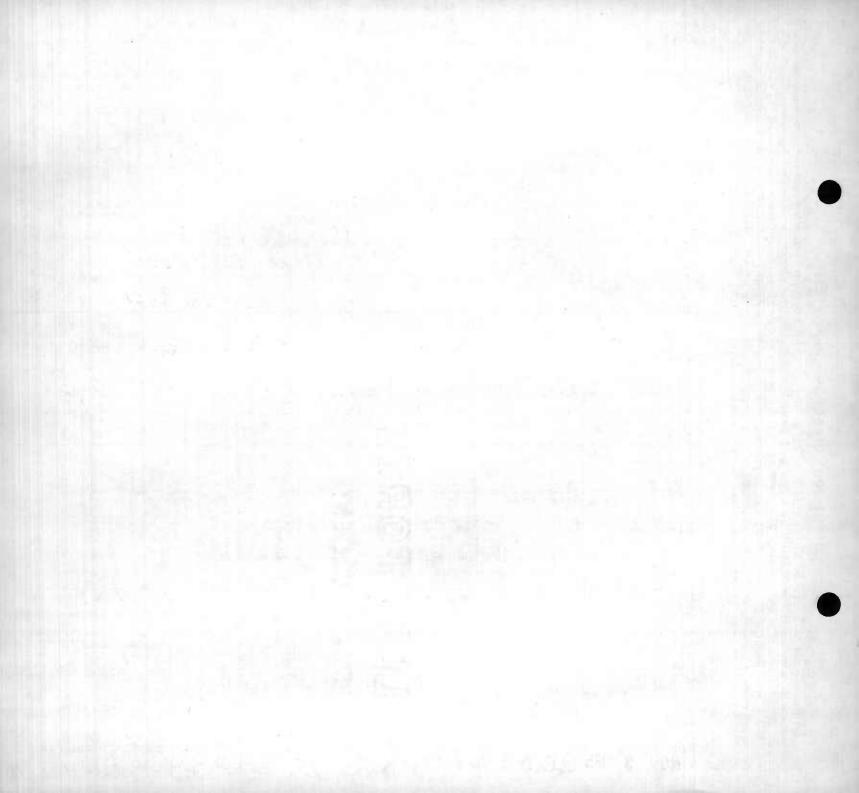


) -	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, should be considered as a contract of the cause of the deceased prior to death.
	death occur t or contrib Undetermin as in regula
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributin shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined c was D.O.A. at a hospital (except where the physician who pronounced death was in regular a deceased principles and (6) No physician was in regular attendance on the deceased principles are also as the processed principles.
IRECTOR:	al examiner. I examiner. (3) A fracturian who properties in regular.
FUNERAL D	by a medica 2) Body burns, e the physician was
	the hospital the hospital any nature; (except where and (6) No
	s released to accident of t a hospital or to death)
	the body was shows: (1) An was D.O.A. a deceased price

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3. PLACE OF DE	ROBERT ATH IN BALTIMORE, MA		T/A		1-2-65	2:40
or PEACE OF DE	ATTI IN BALTIMORE, MA	RISAND			OUNTY	institution residence before
FULL NAME O	OF (If not in hospital oddress or location	or institution, grve street	C	MARYLAND CITY OF TOWN	f outside city limits, write	RURAL ond give township.
INSTITUTION				BALTIMORE	, ourside thy mins, while	worker one give township.
THE J	OHNS HOPKIN	S HOSPITAL	11	STREET ADDRESS	(If rurol, give location)	
				1008 WILM		
MALE	NEGROID	7. MARRIED, NEVER N WIDOWED, DIVORD MARRIED	ED (specily)	4-3-94	9. AGE (In years lost birthdoy)	Months Doys Hours
	UPATION (Give kind of work working life, even if retired)	10B, KIND OF BUSINESS	OR INDUSTRY 11.	BIRTHPLA CE (Stote of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
LAbo	RER			Md		
13. FATHER'S NA			14.	MOTHER'S MAIDEN		
	Amos			MARY MEY	ERS	
15. Was Deceased (Yes, no or unknown	d Ever in U. S. Armed For n) (If yes, give wor or dote	ces? 1 6. SOCI	RITY NO.	INFORMANT	- 17	ADDRESS
No			//	m. Ulber	paparel :	3530 Hillon
18. 4 y	3XI		CAUSE OF D	EATH	/	INTERVAL BETY
DISEA	SE OR CONDITION DIR LEADING TO DEATH	RECTLY	0 1		5-00%	10 hr
	not mean the mode of		(A) Prob (Im rad	selsen	10 01
	osthenio, etc. It meons mplication which coused					
	ANTECEDENT CAUSES		(B) OVERW	holming p	remonia pro	b 2 wk
	OR CONDITIONS, if			Proceed	donours'	TO USE OF THE PERSON NAMED IN
	G CONDITION lost.	stoting the	(C)		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	11					
E TO THE D	FICANT CONDITIONS COEATH BUT NOT RELA	TED TO THE	streas u	0 = 7	Tid brings	Doold
U 19A. DATE OF	F OPERATION 198 CON	DITION FOR WHICH OF		20 A. AUTOPSY? (Yes o	No) 208, IF YES WERE	FINDINGS CONSIDERED
TE O	WAS PERI	0		Vo	IN CERTIFYING C	AUSES OF DEATH?
OF CONTRIBI	NT WAS UNDERLYING UTING CAUSE OF	218. PLACE O home, form, f	F INJURY (e.g., in or octory, street, office	obout 21 C. WHERE DI	O (If in Boltimo	re City, give exact location
DEATH (notify	y medical examiner	etc.)				
Q 21 D. TIME	(Month) (Doy) (Year)			21 F. HOW DID	INJURY OCCUR?	
S OF INJURY		While At Work	Not While C			1
OF INJURY	that (1) (this hospital) attended the deceg	sed from 10	114		12
22. I certify	mar (1) (ma nospira					inion death accurred a
22. I certify that (I) (we)) lost saw the decease	d alive an	2		d that in my (our) op	mon deam accorred o
22. I certify that (I) (we) and haur an) lost saw the decease d from the causes stat	d alive an	2			
22. I certify that (I) (we)) lost saw the decease d from the causes stat	d alive an	id) (did nat) view	the bady after dec	ith.	23B. DATE SIGNED
22. I certify that (I) (we) and haur an) lost saw the decease d fram the causes state	d alive an	id) (did nat) view	the bady after dea		
22. I certify that (I) (we) and haur an) lost saw the decease d fram the causes stat	d alive an	id) (did nat) view Attendin Phys.	the bady after dea	Stoff	
22. I certify that (I) (we) and haur an 23A. SIGNATU 23C. PHYSICI NAME.	obert I	ded alive an	id) (did nat) view D. Attendin Phys. M.D.	Med. Director ADDRESS	Stoff Phys. Hopkins	23B. DATE SIGNED
22. I certify that (I) (we) and haur an 23A. SIGNATU	obert EMATION, 248. DATE	d alive an	id) (did nat) view Attendin Phys.	Med. Director ADDRESS	Stoff Phys. Hopkins	
22. I certify that (I) (we) and haur an 23A. SIGNATI 23C. PHYSICI NAME. I	of from the causes state of from the cause of	ded alive an	id) (did nat) view Attendin Phys. 23D. M.D. EMETERY or CREMA	Med. Director ADDRESS	Stoff Phys. D. Location (C) Abutus	23B. DATE SIGNED

BALTIMORE CITY HEALTH DEPARTMENT

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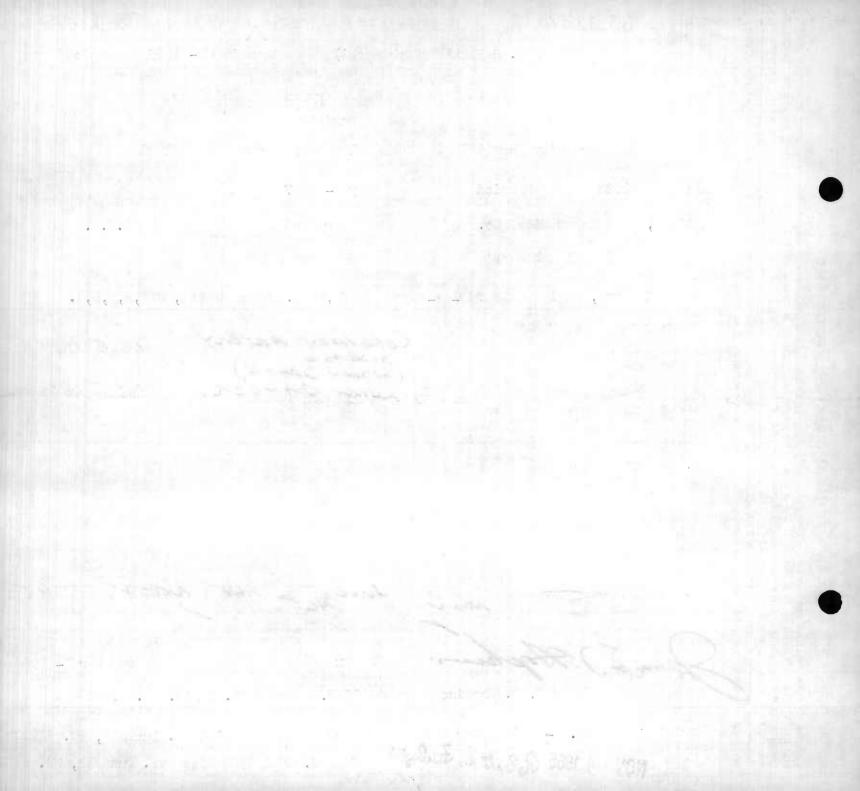
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV, 1/1/65

and

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) JOHN WILLIAM A 65 2105 AM USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY ranklin Balto. 30 FULL NAME OF Ilf nat in haspital or institution, give street HOSPITAL OR address or lacation) (II outside city limits, write RURAL and give township) INSTITUTION Dalte. 30 D. STREET ADDRESS (If rural, give location) S. SEX 6. RACE MARRIED, NEVER MARRIED . AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. WIDOWED, DWORCED (specify) Hours disrued 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY LACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during mast all warking life, even if retired) SA Machinest - Retires
13. FATHER'S NAME Chemical Co. 4. MOTHER'S MAIDEN Was Deceased Ever in U. S. Armed Farces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, na or unknown) (II yes, give war ar dates of service) SECURITY NO. Mrs. Elinor Y. Hill 1101 Battery Ave. No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., heart failure, osthenia, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. or Nol 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY YYes 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Baltingore City, give exact lacation) OR CONTRIBUTING CAUSE OF DEATH (natily medical exominer) MEDI 21 D. TIME (Month) (Day) (Year) (Hour) 21 E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from __ that (1) (we) last saw the deceased alive an... ...and that In(my) (aur) apinian death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff pproval Director Phys. 4 23C. PHYSICIAN'S 23D. ADDRESS M.D SAMUEZ 5 AOCATION. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY (City, tawn, ar county) REMOVAL (Specily) Burial Glen Haven Glen Burnie, Co. A. A. 2SA. DATE REC'D BY HEALTH DEPT 2SC. FUNERAL DIRECTOR Mc Cully E. Fort ave

Transfer of the time Hamfad Beech 35 part 30 1101 Besting are. 9/17/05 69 mornid Bailes, mangland CLIM Marchannot Mitteliad Belle Conform Joseph willram Hill leagen In 200 31/26 Frankle Sq Forgo Syphones & Contact

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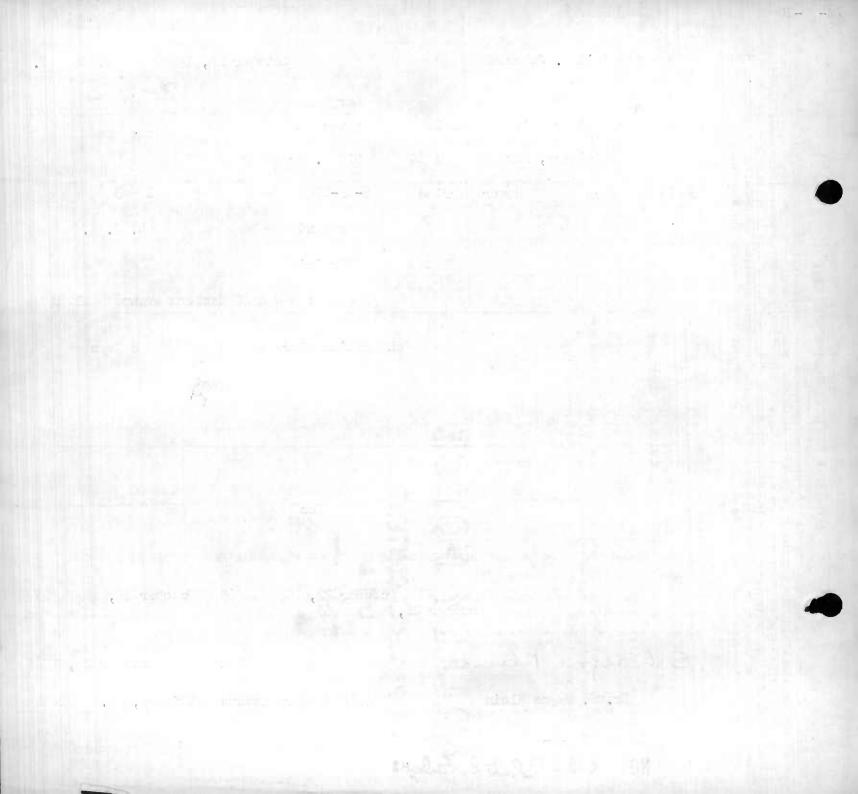
12/65 - Selmonella ruled out-inform from BCH

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DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



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Type or Print)	ASED					D HOUR OF DEATH	
	Baby of Ozi		ield			er 27, 196	
FULL NAME OF		ol or institutio	n, give street	4. USUAL RESIDA. STATE Marylane	8, COUN	e deceased lived. If	institution: residence belare admissi
HOSPITAL OR Provident Hospital 1514 Division Street				C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location)			
	Baltimor	e, Mary	rland	2125 Ca	llow Av	enue	
ลใด	Negro	Sing	D, NEVER MARRIED VED, DIVORCED (specify)	10-26-65		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Days Hours Min,
one during most of w	rorking life, even if retired		OF BUSINESS OR INDUSTRY	Maryland			12. CITIZEN OF WHAT COUNTRY?
Unknown	NE .			Ozie Whi		ME	
	Ever in U. S. Armed F (If yes, give wor or do) 16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	E OR CONDITION D		CAUSE O				INTERVAL BETWEEN ONSET AND DEATH
heart failure, o	at mean the made assistance of the mean at	ns the diseas	g., DUE TO				
	NTECEDENT CAUSI	ES	DUE TO	onary ate	lectasi	S	
DISEASES O	R CONDITIONS, if abave cause (A CONDITION last,	ES any, givi	DUE TO			S	
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DISEASES OF THE DISEASE OF THE DISEA	R CONDITIONS, if abave cause (A CONDITION last. II FICANT CONDITIONS ATH BUT NOT RECONDITION CAUSING OPERATION 198. CC	CONTRIBUT	DUE TO ng he (C)	20 A. AUTOPS)] 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
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DISEASES O mise to the UNDERLYING OTHER SIGNIF TO THE DE DISEASE OR O 19A. DATE OF 21A. ACCIDEN OR CONTRIBU' DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	R CONDITIONS, if abave cause (A CONDITION Iast. FICANT CONDITIONS EATH BUT NOT RECONDITION CAUSING WAS PIT WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Doy) (Year that (I) (this hospit lost saw the decear fram the causes stopped)	CONTRIBUT LATED TO SIT. ONDITION FO ERFORMED To (Hour) 2 To (Hour) 3	DUE TO ING THE R WHICH OPERATION PLB. PLACE OF INJURY (e.g., interpretation of the color) PLE. INJURY OCCURRED While At	20 A. AUTOPS Yes n or obout 21 C. W fice bldg., INJURY 21 F. Ho ober 26, 1965	HERE DID Y OCCUR? OW DID INJ and the	208. IF YES, WERI IN CERTIFYING C (If in Baltime URY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact locohon)
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VS 150-REV. 1/1/65

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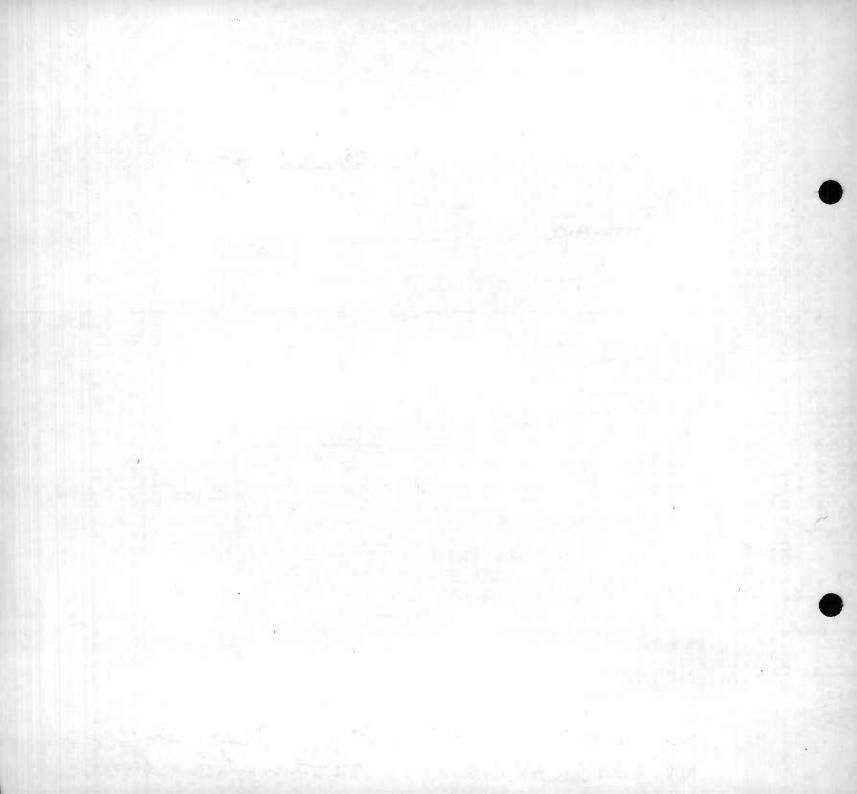
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UNI		CITY HEALTH DEPARTMENT						
eased n the Such	M.E. CASE NO.	CATE OF DEATH Registered No.	99 TIKOK					
Deceased e on the ath. Such	1. NAME OF DECEASED (Type or Print) MATTIC CMAIL	2. DATE AND HOUR OF DEAT	H 1 /1 0 A					
	MATTIE SMALL 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	11-2-65	institution: residence before admission					
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	SOUTH CAROLINA C. CITY OR TOWN (If outside city fimits, write RURAL and give township)						
	THE JOHNS HOPKINS HOSPITAL	MYRTLE BEACH D. STREET ADDRESS (If rurol, give location)						
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	1671 Webut Court get						
	FEMALE NEGRO 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify MARR I ED) 100. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU:	2-28-23 42	If Under 1 Yr. If Under 24 Hr Months Ooys Hours Min.					
	done during most of working lite, even if refired)	TIKE II. DIKTHPLACE (Stole or loreign country)	12. CITIZEN OF WHAT COUNTRY?					
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	QUINCY KNOX	CATHERINE						
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	17. INFORMANT	ADDRESS					
,	18. / 5 / V 1 CAUS	E OF DEATH	INTERVAL BETWEEN					
	DISEASE OR CONDITION DIRECTLY	Ang.	ONSET AND DEATH					
	LEADING TO DEATH	- Dreinona of Stomach &	5 Moults					
cture o pronou lar att	(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,							
	injury or camplication which coused death.)							
ANTECEDENT CAUSES								
	DISEASES OR CONDITIONS, if any, giving rise to the control of the							
	UNDERLYING CONDITION last.							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Control of the contro						
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WEE	RE FINDINGS CONSIDERED CAUSES OF DEATH?					
l	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e home, form, foctory, stree etc.)		note City, give exact location)					
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
	▼ (ABBROY) While At Not	While Nork						
١	22. I certify that (I) (this hospital) attended the deceased from		-2 - 1963					
	that (1) (we) lost saw the deceased olive on 11-2	19 65 and that in(ng) (our) a						
	ond hour and from the causes stated above. (1) (We) (did) (did no							
	23A. SIGNATURE		23 B. DATE SIGNED					
	Paran D. Lawow M. D. M.D.	Attending Med. Stoff Phys. Director Phys. 8	11-2-65					
	23C. PHYSICIAN'S	23D. ADDRESS	111 - 03					
	BRIAN D. LOWERY	JOHNS HOPKINS HO	SPITAL					
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF		(City, town, or county) (State)					
	REMOVAL (Specify)	a Oct Consum	South Co					
	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FONERAL DIRECTOR	ADDRESS					
	NOV 4 1965 P. C. 48 Fr. Augus	Lattiners 1 thon	Kanth Paid.					
L	S 150-REV. 1/1/65	- Comment of Nove	for we enter					

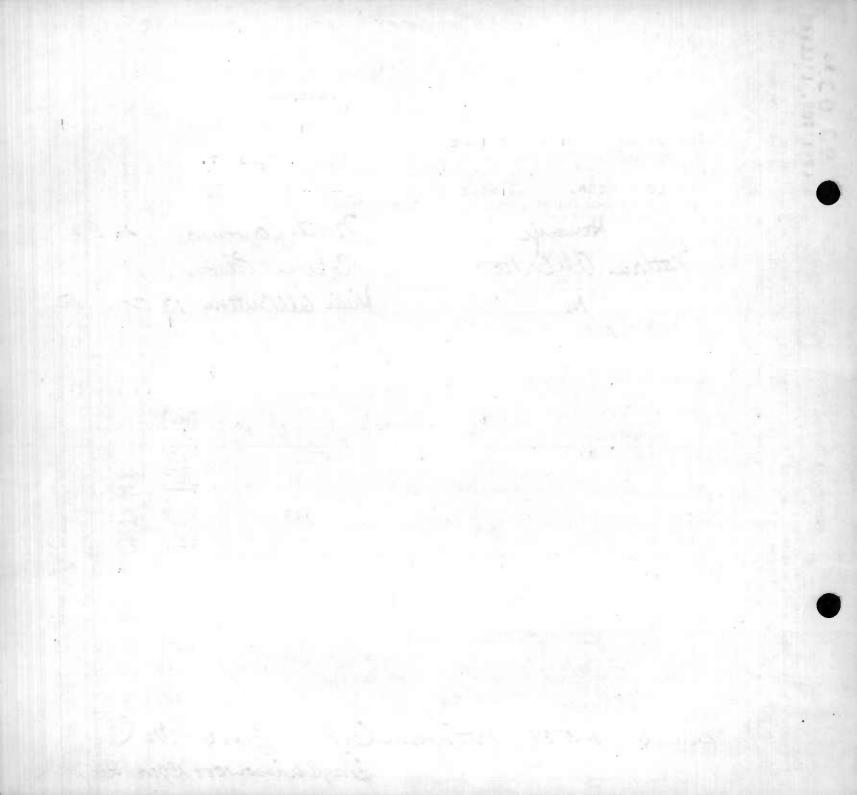


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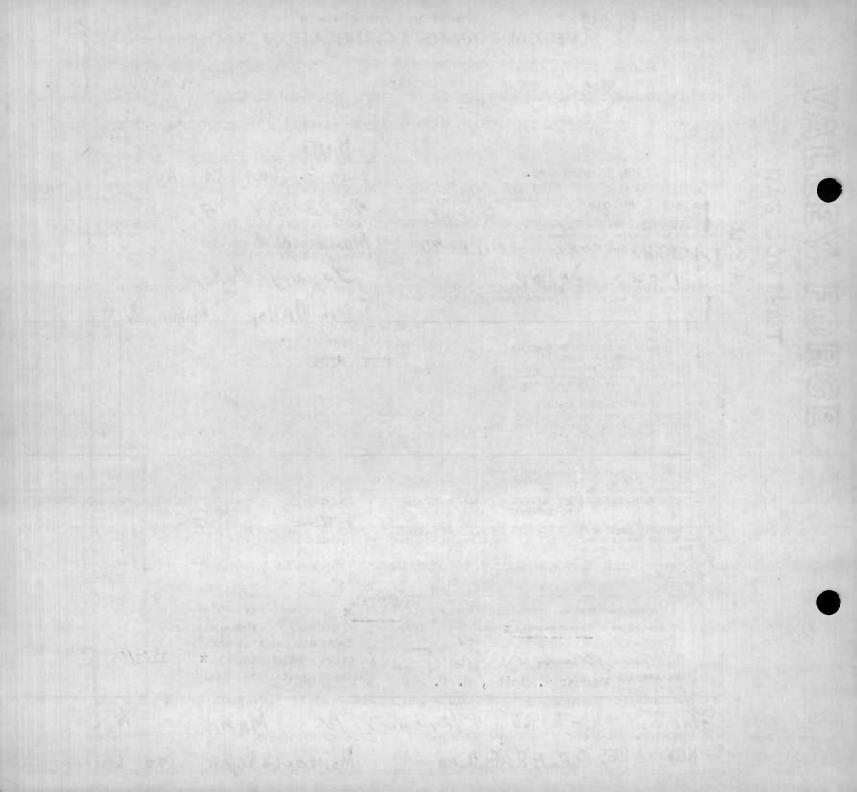
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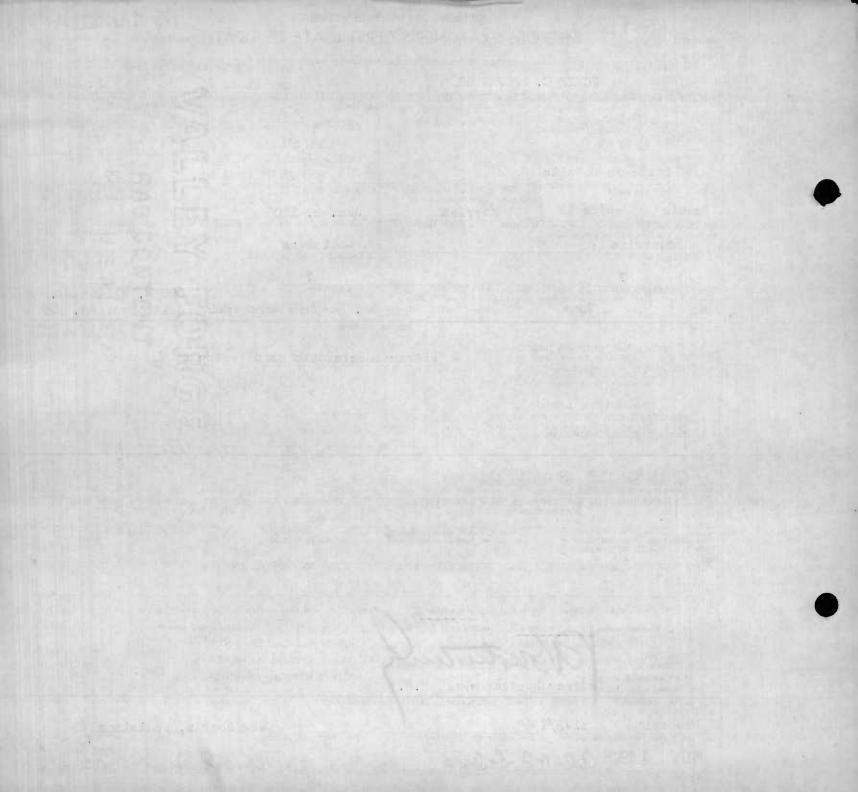
BALTIMORE CITY HEALTH DEPARTMENT



11/2/65 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S ASSOCIATE MEDICAL EXAMINER Werner U. Spitz NAME (Type) 23A, BURIAL CREMATION, 23B, DATE 23C. NAME OF CEMETERY OF CREMATORY 23D, LOCATION (City, town, or county) (State) REMOVAL (Specify) SAN 24C. FUNERAL DIRECTOR ADDRESS 701 VS 151-REV. 1/1/65



1 1x-123		H NO.	11285 MED		BALTIMORE CITY HEAL			IV JL.	1285	
11-600		M.E. CASE NO. 1. NAME OF DECEASED					2. DATE AND HOUR PR	ONOUNCED DEAL	5	
	(Type or Print) VICKIE C. MARKOWSKI						November 2		2:40 P M	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Lutheran Hospital 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) female white Married				4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A. STATE Maryland B. COUNTY			sidence before odmission)		
					JTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore				
4						D. STREET ADDRESS (If rurol, give locosion) 600 N. Hilton St. 29				
					DIVORCED (specify)	Jan. 6.	lost birth	(In years of Months	ler 1 Yr. If Under 24 Hrs. S. Days Hours Min.	
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF B done during most of working life, even if refired) HOUSEWIFE 13. FATHER'S NAME 7 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) NO None			BUSINESS OR INDUSTRY	Louisi	Stote or foreign country)	ZEN OF AT COUNTRY?			
						14. MOTHER'S MAIDEN NAME				
					16. SO CIAL SECURITY NO.	Mr. Steph	en Markowski		filton St. re, Md. 29	
	ATION	(This does not heart foilure, injury or come A DISEASES CRISE TO THE	E OR CONDITION E LEADING TO DEAT of meon the mode of osthenio, etc. It meon policotion which coused NTECENDENT CAUS OR CONDITIONS, IF E ABOVE CAUSE (A) IG CONDITION LAST	H of dying, e.g., is the discose, I deoth.) SES ANY, GIVING STATING THE		ioscleroti	ic cardiovascu	ılar disea	ONSET AND DEATH	
	EDICAL CERTIFIC	TO THE I	AFFICANT CONDITION DEATH BUT NOT R CONDITION CAUSIN OPERATION 198, CO WAS PE L CAUSE WAS	ELATED TO T IG IT. NDITION FOR REFORMED 218. home etc.)	PLACE OF INJURY (e.g., of form, foctory, sheet, of	in or obout 21C. Wooffice bldg.,	/HERE DID (If in Boltimo	ING CAUSES OF E	DEATH?	
	Σ	ACTUAL SIGNATI EXAMIN NAME (T	ify that I held an ted fram: Natural cure.	Inquiry auses X Breiten	Inspection X Augusticides Syricides M.D.	WHILE ORK	EDICAL EXAMINER EDICAL EXAMINER EDICAL EXAMINER	eath in my apinied manner X Nov.	DATE SIGNED 3, 1965	
	RE/	Removal	11/4/	1965	C. NAME OF CEMETRY		New Iber	ia, Louis	iana	
	11		1965 Rober		Dec MA	Who-	1. Tichner	+ Sons	Butto. md. 1 north's Pa a	



written approval deceased Was VS 150-REV._1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs. Hours Min.

Penals Nagro Harried.

11/30/11

Maryland

Massive cerebral hemorrhage

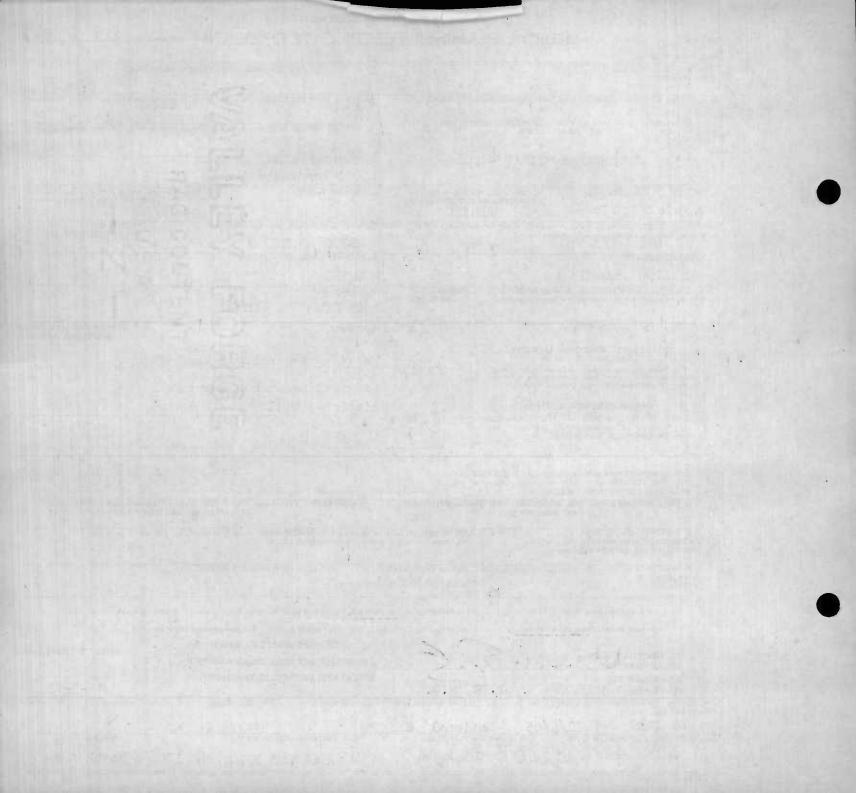
Hypertension

Sugar .M . 10

1235 Argyle Ave.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 11287

M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD					
Type or Prin1)	UBY WILSON						
PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD AL OR INSTITUTION, GIVE STREET TION)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admis A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 2301 Edmondson Avenue 21223					
SEX 6. RACE Colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H Months, Doys Hours Mir				
one during most of working the even if retired)	10B. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stole or foreign country) SOUTH CAROLINA 12. CITIZEN OF WHAT COUNTRY? U S A					
MILTON BREADMON		ANNIE					
5. WAS DECEASED EVER IN U.S. ARMED (es, no or unknown) (If yes, give wor or dote	s of service) 16. SO CIAL SECURITY NO.	MR THEODORE WILSON	ADDRESS				
DISEASE OR CONDITION DI LEADING TO DEATH (This does not meon the mode of heori foilure, asthenia, etc. It meons injury or complication which caused ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING 19A, DATE OF OPERATION 19B, CON WAS PER 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	dying e.g., the disease, deoth.) SS INY, GIVING DUE TO CONTRIBUTING LATED TO THE GIT. 218. PLACE OF INJURY (e.g. home, farm, foctory, street, etc.)	Massive subarachnoid hemory Originating from aneurysm of circle of Willis 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE F. IN CERTIFYING CAU Yes Ves in ar about 21C. WHERE DID (If in Boltimore City, goffice bldg., INJURY OCCUR?	É INDINGS CONSIDERED SES OF DEATH?				
21D TIME (Month) (Day) (Yeor OF INJURY (APPROX.)	WHILE AT NOT	WHILE WORK					
ACTUAL SIGNATURE FXAMINER'S	uses X Accident Sulci	utapsy X and that an this basis, death in the last of	DATE SIGNED				
NAME (Type) WERNER 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	U. SPITZ, M.D.		11-1-65 , town, or caunty) (Stote)				
DITI TAT	65 National GEM 248. NAME OF REGISTRAR 248. Salvy MA	ETRY BALTIMORE MD 24C. FUNERAL DIRECTOR ADOLPHUS HALSTEAD 12	Address 06 W North A ve				



	BALTIMORE CITY	HEALTH DEPARTMENT	1	OF 44900
BIRTH NO. 6 65 11288	CERTIFICA	TE OF DEATH	Registered No	00 11500
M.E. CASE NO.	CERTIFICA	IL OI DEATH	1	
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) John M. Stett	maiol	11/3/6	5 6.40	A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	MARKET	4. USUAL RESIDENCE When	e deceased lived. If ins	litution: residence before admission)
		A. STATE B. COUN	14	- n 1. 1
FULL NAME OF (If not in hospital or institution HOSPITAL OR address or location)	ian, give street	317 Sta	entow ad	= Maxigland
INSTITUTION	(a) -: La 0	C. CITY OR TOWN (If out	The state of the s	JRAL and give to (nship)
Bon Secours	yearpiral	Baltin	ore 28	1001/11
pon occurs		D. STREET ADDRESS (If	rural, give lacation)	1 52-00
		314 618	enlas K	1 00
5, SEX 6. RACE 7. MARR	RIED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	WED, DIVORCED (specify)		lost birthday)	Manths Days Haurs Min,
MW		7-25-85	80	
10A. USUAL OCCUPATION (Give kind of work 10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn cauntry)	12. CITIZEN OF
done during most of working life, even if retired)		Real 111	/	WHAT COUNTRY?
	her, Own busin			u. s.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	•
Tile stellaring		Karbara.		
John Siermeier		parbara		
15. Was Deceased Ever in U. S. Armed Forcos? (Yes, na or unknown) (If yes, give wor or dotes of servi-	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	218 36 0111	A-Mrs. Marie	Bradburn,	314 Greenlow Rd
18. // 3 6 /	CAUSE OF	DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			10 1	ONSET AND DEATH
LEADING TO DEATH	An.	TE CORONA	RV (/or/ns	IN HOUDE
(This does not mean the mode of dying,	(A) //CL	1/2 001101111	117 0007031	011 7/00173
heart failure, osthenio, etc. Il means the dise	ase.			
injury or complication which caused death.)	BOTE	RÍOSCLEROFI	- COAUT	VERRE
ANTECEDENT CAUSES	(8)	11/0002/-10//	2 1401111	YEARS
DISCASSE OR CONDITIONS IS ASSESSED.	DUE TO		DISEASE	
DISEASES OR CONDITIONS, if any, giverise to the obove cause (A) stating				
UNDERLYING CONDITION lost,	lhe (C)		*******************************	
Z CONTRIBUTE	TWIN C			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED
WAS PERFORMED			III CERIII IIII CAO	SES OF BEATH.
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in	ar obout 21 C. WHERE DID	(If in Boltimare	City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	home, form, foctory, street, off	ice bldg., INJURY OCCUR?		
U				
OF INJURY (Manth) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?	
(APPROX)	While At Nat While			
	Work At Work		15 11	2 / (
22. I certify that (1) (this hospital) attended	ed the deceased from //:	3~1	965 10	1963
that (1) (we) lost saw the deceased alive	on // - 3 -	1965 and the	at in (my) (our) opin	Ion death occurred an the date
				on death occurred an the date
ond hour and from the causes stated above	e. (1) (We) (did) (did not) vi	iew the body ofter death.		
23A. SIGNATURE	,			23 B. DATE SIGNED
(dusting del Car	noo . M.D. Atter	nding Med. Director	Stoff	11-3 1960
23C. PHYSICIAN'S		3D. ADDRESS	Phys.	
NAME (Type)	1/ (SD. ADDRESS	. 1/.	0-1- Md
U AGUSTIN OF	[CAMPO M.D.	DON SECOU	IRS HOSE	D. PALT. 1114.
24A. BURIAL CREMATION, 24B. DATE 240	C. NAME of CEMETERY or CRE	MATORY 24D, LC	CATION City	, town, or county) (Stote)
REMOVAL (Specify)				
Burial Nov. 6/65	Loudon Pa	rk Ba	l to. Md.	
25A. DATE REC'D BY HEALTH DEPT. 258. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
NOV 4 1905 (17 1905)	C' MANAGEMENT	Witzke F.D.	4101 Edmor	adson Ave.
VS 150-REV. 1/1/65.		A ()		

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	HEALTH DEPARTMENT	C5 44000
BIRTH NO. 65 11289 CERTIFICA	TE OF DEATH Registered No.	65 11289
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Daisy Avden	2. DATE AND HOUR OF DEATH	4:15 A
FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hosp. of Baltimore, MARYLAND FULL NAME OF HOSPITAL OR Indianation, give street oddress or location) Asp. of Baltimore, Md.	A. USUAL RESIDENCE (Where deceased lived. If instinct A. STATE B. COUNTY Md. C. CITY OR TOWN (If outside city limits, write RU Baltimore D. STREET ADDRESS (If rurol, give location) 3714 Mohawk Ave.	28-41
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min,
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) Retired clerk, Hecht Co.	Frederick County, Md.	12. CITIZEN OF WHAT COUNTRY?
late John Harden	late Mary E.	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give war or dates of service) 273 09: 4487	Miss Bertha Harden.371	4 Mohawk Ave
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., c., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	actured & Femur	
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	S OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in order) 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR? 3714 Mohark Ihre B	allo, Md.
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) Oct 6 1966 While At Not While Not Work		28-41
22. I certify that (1) (this haspital) attended the deceased fram	19 6 ond that in(my) (our) opinioniew the body ofter death.	3B, DATE SIGNED
23C. PHYSICIAN'S NAME (Type) Larry Becker M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24G. NAME of CEMETERY or CRE	4924 Lauier Ave.	town, or county) (Stote)
Durial 11/5/65 Junton 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF GISTAR NOV 4 1985 P. B. E. Talley M.	25C, FUNERAL DIRECTOR	ADDRESS ADDRESS
VS 150-REV. 1/1/65 . M & D A	30 300	# 29

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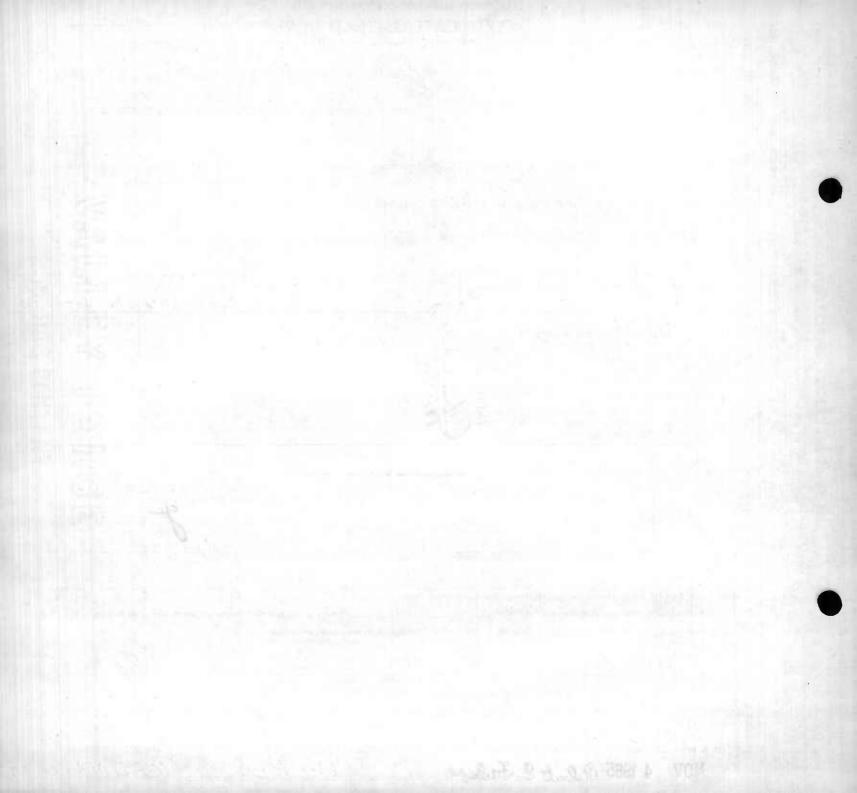
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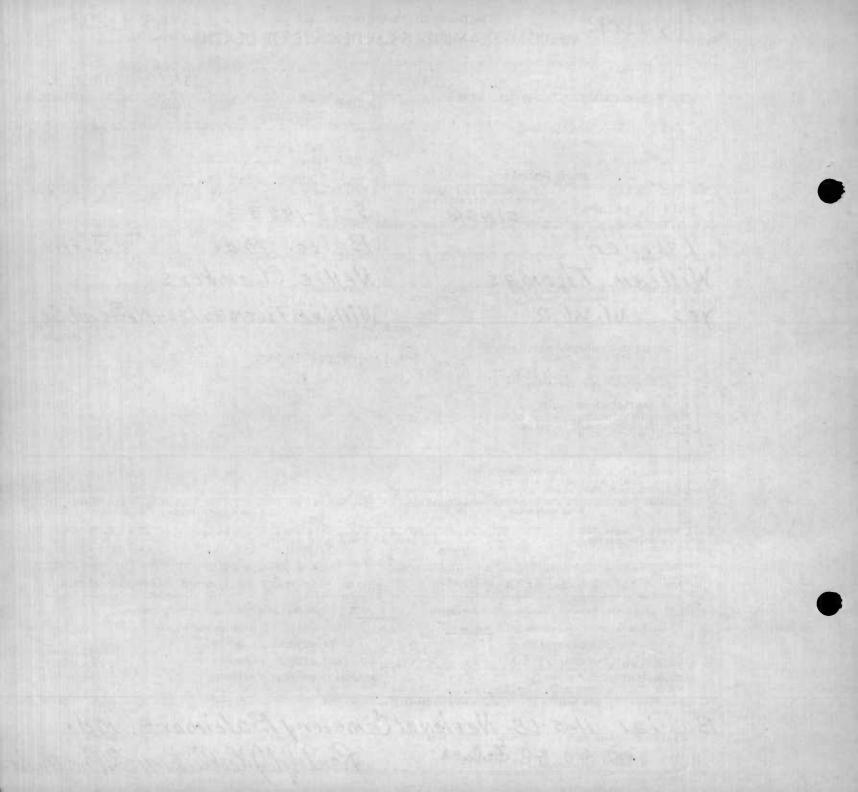
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LAND PRINTED DISTRICT



BIRTH NO.	MEDI	ICAL EXA	AMINER'S	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	TEACED			
(Type or Print)	WILLIA	м н.	THOMAS	2. Date and Hour Pronounced Dead 11/1/65 10:30 p.
	IMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission and an aryland
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITUT	ION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
				D. STREET ADDRESS (If rural, give locotion)
	St. Joseph H	ospital		1206 N. Bond St.
s. sex male	6. RACE		VORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday) 15-23-1923 9. AGE (In years lost Days Hours Min.
	JPATION (Give kind of work varking life, even if retired)	TOB. KIND OF	SUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM	nen			132/to. Md. U.S.A.
Willie	2M Tho	MAS	6. SO CIAL	Nellie Chambers
Yes, no or unknown)	(If yes, give war or date		SECURITY NO.	William Thomas 1206 NBOND SE
yes	W.W.	د ا	CAU	
DISEAS	I SE OR CONDITION DI	DECT! V	CAG	ONSET AND DEATH
	LEADING TO DEATH			iocerebral injury
heart toilure,	asthenia, etc. It means nplication which coused	the disease.	DUE TO	
	NTECENDENT CAUSE		(B)	
RISE TO THE	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST.		DUE TO	
	io continuit East.		(C)	
O THE	II NIFICANT CONDITIONS DEATH BUT NOT REL	ATED TO THE		
19A. DATE OF	OPERATION 198. CON WAS PERI	DITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21 A. EXTERNAL UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. PL hame, etc.)	ACE OF INJURY (e.g larm, foctory, street, home	, in ar about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR? 1206 N. Bond St.
Z 21D TIME	(Month) (Day) (Year) (Haur) 21 E	. INJURY OCCURRED	
OF INJURY (APPROX.)		5: 30p wh		while allegedly fell down basement steps
22. 1 cert	ify that I held on I			ond that on this bosis, death In my opinion
result	ted from: Natural cou	ses Ac	cident X Sulc	Ide Homicide Undetermined monner
ACTUAL	THE Messe	n-	300	CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER
EXAMIN		Spitz.	M. D.	ASSOCIATE MEDICAL EXAMINER 11/2/65
3A. BURIAL CREA	MATION, 23B DATE	23C.	NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify	2/ 1/-5- BY HEALTH DEPT.	6.5 N	A LICHAL FREGISTRAR	Cenetery Baltimore, Md.
NOV 4	1965 Robert	2. Fall	Deu M.A	Randolel D. Ecollick 1412E, Preston
VS 151-REV. 1/1/6				110111000



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

VS 150-REV. 1/1/65

IMPORTANT

FUNERAL DIRECTOR:

A TIM A Business Comment

VS 150-REV. 1/1/65

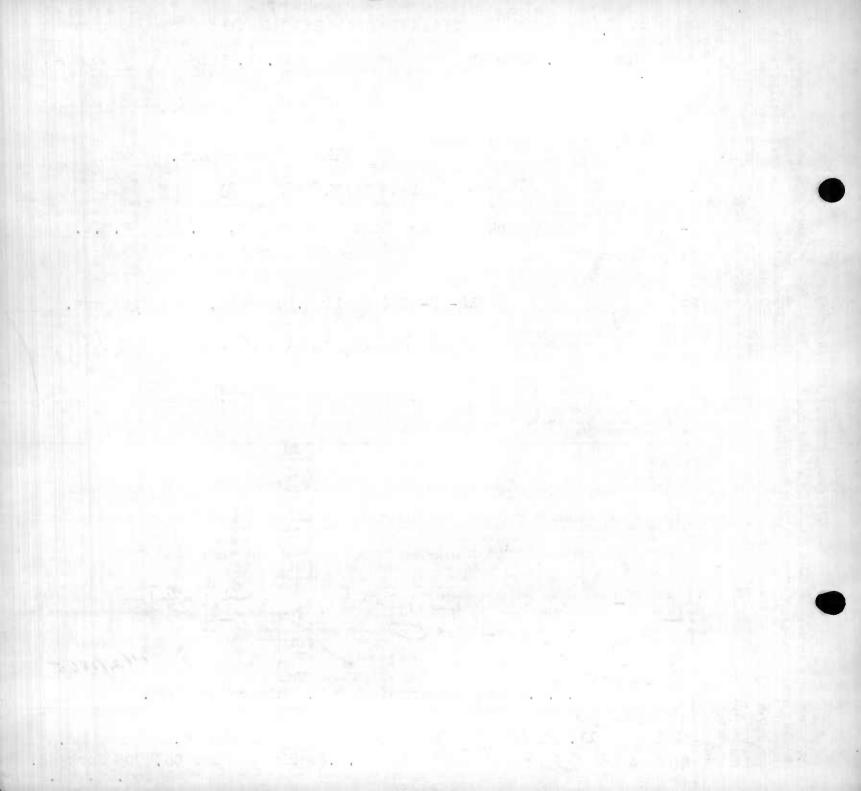
BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

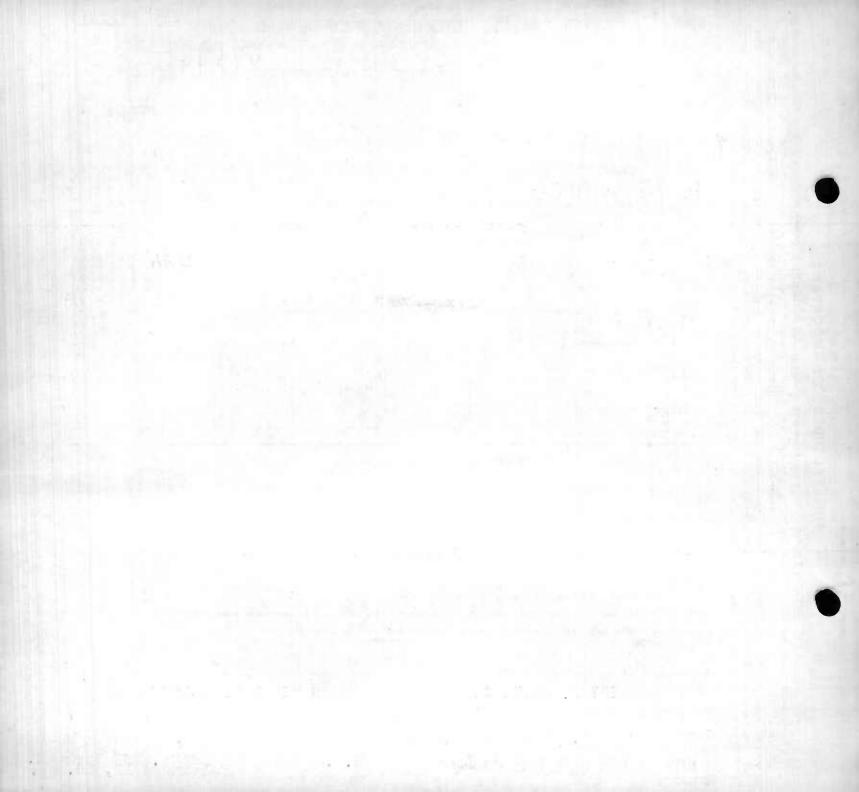
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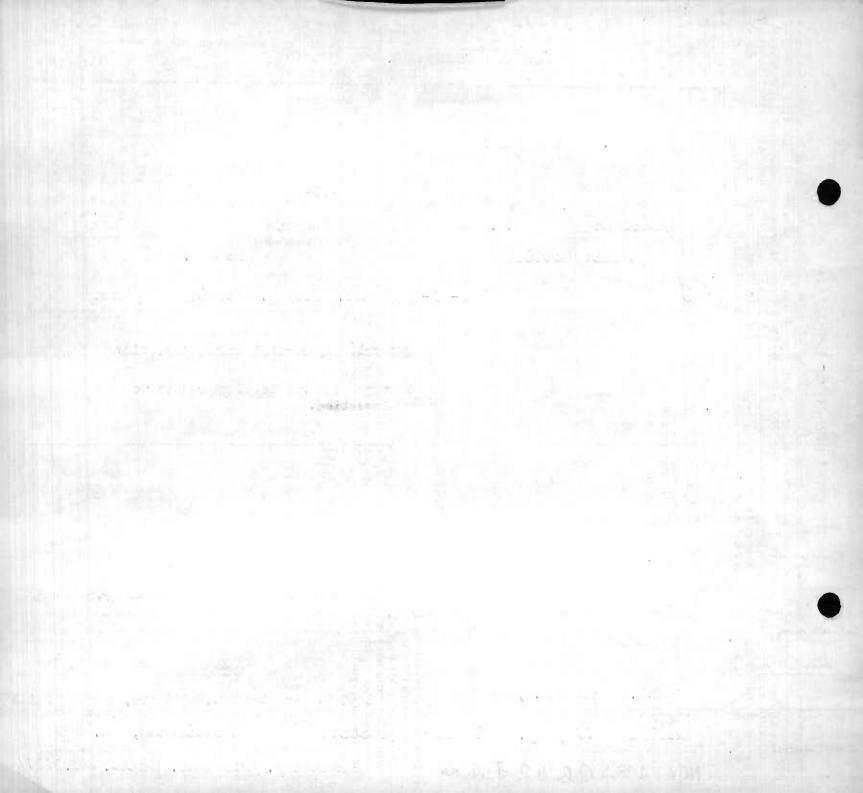
	CE 4400	CEDTIEICA	TE OF DEATH	Registered No.	5 11235
BIRTH	The sale best of the sa	CERTIFICA	IL OI DLAIII		
I.NA	CASE NO. ME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
ype	or Print) BETTY BAI	UDRENS	1	1/3/65	1230A
PL	ACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Whe A. STATE B, COUN	re deceased lived. If i	nstitution: residence before admissio
	ILL NAME OF (If not in hospital or insti	lution, give street	MARGIA	VO '	9-1-14
	SPITAL OR oddress or location) STITUTION		C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
1	UNION MEMORI	no HOSO	D. STREET ADDRESS (If	rurol, give location)	
7	Cholor Market	130	11	DLAWN R	Co
SEX	6. RACE 7. MA	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H. Months: Doys Hours Min.
[-	SMAG WHITS WII	MAPIGIED (specify)	3-9-26	lost birthdoy!	Months Doys Hours Min,
	ISUAL OCCUPATION (Give kind of work 10 B. KI		11. BIRTHPLACE (State or lore	ign country)	12. CITIZEN OF
ne d	during most of working life, even if retired)	WN HOME	MARYLA	0.0	WHAT COUNTRY?
FA	ATHERS NAME	776776	14. MOTHER'S MAIDEN NA		9 3/5
2	IN WITCHELL CHANG	innon, JR	NANNE	D DALLA	N
W	os Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	0 011217	ADDRESS
:s, n	no or unknown) (If yes, give wor or dotes of se	SECURITY NO.		1000 E 1	c 5/n
1	00	217-24-7181		AMPREUM	
16	DISEASE OR CONDITION DIRECTLY	CAUSE C	T DEATH		ONSET AND DEATH
	LEADING TO DEATH		EJPIRATORY	CALLINS	
	This does not mean the made of dying,	, e.g., DUE TO	OST IEM COISE	111100100	
h	This does nal meon the made of dying, neart lailure, asthenia, etc. It means the di njury or complication which caused death.	, e.g., DUE TO sease,		***************************************	21 YRS
h	nearl lailure, asthenia, etc. It means the di	, e.g., DUE TO sease,	HIZONIC ASTHA	***************************************	21 425
h	nearl lailure, asthenia, etc. II means the di njury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any,	e.g., DUE TO sease,) (B) (B) DUE TO giving		***************************************	21 425
h in	nearl lailure, asthenia, etc. It means the di njury or complication which caused death. ANTECEDENT CAUSES	e.g., DUE TO sease,) (B) DUE TO		***************************************	21 425
h in	nearl lailure, asthenia, etc. It means the di njury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ise to the abave cause (A) stating JNDERLYING CONDITION last.	e.g., DUE TO sease,) (B) (B) DUE TO giving		***************************************	21 YRS
h in	nearl lailure, asthenia, etc. II means the dinjury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ise to the above cause (A) stating JNDERLYING CONDITION last.	e.g., DUE TO sease,) (B) DUE TO giving g The (C)		***************************************	21 425
AIION	nearl lailure, asthenia, etc. II means the dinjury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ise to the above cause (A) stating JNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRICT THE DEATH BUT NOT RELATED TO SEASE OR CONDITION CAUSING IT.	giving g lhe (C)	HIROWIC JASTHIK	21/3	
AIION	nearl lailure, asthenia, etc. II means the dinjury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ise to the above cause (A) stating JNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRICT THE DEATH BUT NOT RELATED TO SEASE OR CONDITION CAUSING IT.	e.g., DUE TO sease,) (B) DUE TO giving g lhe (C) BUTING TO THE		21/3	FINDINGS CONSIDERED
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ise to the abave cause (A) stating JNDERLYING CONDITIONS CONTRITORER SIGNIFICANT CONDITIONS CONTRITORED TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19. DATE OF OPERATION 19. CONDITION WAS PERFORME!	e.g., DUE TO sease, (B) DUE TO giving g lhe (C) BUTING TO THE I FOR WHICH OPERATION D [218. PLACE OF INJURY (e.g., in the content of th	PIRONIC JASTIJA	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
h iii	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ise to the above cause (A) stating JNDERLYING CONDITION Last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 10 11 12 13 14 15 16 17 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	giving g lhe BUTING TO THE	PIRONIC JASTIJA	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
hit Certification of the Control of	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ise la line above cause (A) stating JNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OR CONDITION CAUSING IT. 9A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED TO CONTRIBUTING CAUSE OF CONTRIBUTIONS CONTRIBUT	giving g lhe BUTING TO THE I FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., letc.)	PIRONIC JASTIJA	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ise to the abave cause (A) stating JNDERLYING CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONDITIONS CONTRIBUTIONS CONDITIONS CONTRIBUTIONS CONDITIONS CONTRIBUTIONS C	giving g lhe (C) BUTING TO THE I FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., interpretable) 21E. INJURY OCCURRED While At Not While	20A. AUTOPSY? (Yes or No.) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ise to the abave cause (A) stating JNDERLYING CONDITIONS CONTRIBUTIONS OR CONDITIONS CONTRIBUTIONS OR CONDITION CAUSING IT. PA. DATE OF OPERATION 198. CONDITION WAS PERFORMED TO CONTRIBUTING CAUSING TO CONTRIBUTING CAUSING TO CONTRIBUTING CAUSING TO CONTRIBUTING CAUSING TO CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF C	giving g lhe (B) DUE TO giving g lhe (C) BUTING TO THE I FOR WHICH OPERATION D 21B. PLACE OF INJURY (e.g., independent of the content	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ise la lhe abave cause (A) stating JNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED 10 DISEASE OR CONDITION CAUSING IT. 9A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED 10 CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED 10 DISEASE OR CONDITION WAS PERFORMED 10 CAUSING IT. PA.DATE OF OPERATION 19B. CONDITION WAS PERFORMED 10 CAUSING IT. OTHER CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 1D. TIME (Month) (Day) (Year) (Hours INJURY APPROX.)	giving g lhe (B) (B) (B) (C) (B) (B) (DUE TO (C) (B) (B) (C) (B) (C) (B) (C) (C	20A. AUTOPSY? (Yes or No.) n or obout 21C. WHERE DID fine bldg., INJURY OCCUR? 21F. HOW DID INJ	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED (USES OF DEATH? The City, give exact location)
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ise to the above cause (A) stating JNDERLYING CONDITIONS CONTRIBUTIONS OF CONTRIBUTION CAUSING IT. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	giving g lhe (B) (B) (B) (DUE TO giving g lhe (C) BUTING TO THE I FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., in the lateral of	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED (USES OF DEATH? The City, give exact locotion)
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HOSPITAL OR	oddiess or location	1)		C. CITY OR TOWN	(If outside city limits, wi	ite RURAL and give township)
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Enw	MRD H. G	P3-AU	FI	WILLIA	MINA BOLTO	572
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and haur ar	nd from the causes stat	ed abave.	(1) (We) (did nat)	iew the bady after	death.	
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,,,,,	EMATION, 24B, DATE	24C.	NAME of CEMETERY OF CR	EMATORY	24D. LOCATION	
4A. BURIAL CR	EMATION, 24B, DATE	24C.	name of CEMETERY of CR Druid Ridge		Pikesville	, Balto.Co., M
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Burial Burial	EMATION, 248. DATE (Specify) 11/6/	24C.	Druid Ridge		Pikesville RECTOR Lins & Sons	Balto Co., M.
Burial Burial	EMATION, 24B. DATE (Specify) 11/6/: D BY HEALTH DEPT. 4 1965 (Let)	24C.			Pikesville RECTOR Lins & Sons	, Balto.Co., I

CHALLEN AMACATOL

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St. Joseph Hospital	PLACE OF DE	ATH IN BALTIMORE, MAR	RYLAND	4. USUAL RESIDEN	ICE (Where deceased lived. II i B. COUNTY	institution: residence before admission
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St. Joseph Hospital D. STREET ADDRESS (III novel, gree Taccional) 9723 Matzon Road 9723 Matzon Road ADDRESS (III novel, gree Taccional) 10-12-13		oddress ar location)	C. CITY OR TOWN	(If autside city limits, write	RURAL and give tawnship)
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ALUSAL OCCUPATION (Give kind of work) [10. KIND OF BUSINESS OR INDUSTRY] A. BLALL OCCUPATION (Give kind of work) [10. KIND OF BUSINESS OR INDUSTRY] W. P. Inrie & Son W. P. Inrie & Son 14. MOTHERS MAIDEN NAME. Peter Martin 15. SOCIAL 20-UT-593 W. A. Lucy & Martin CAUSE OF DEATH (Inis does not men the mode of dying, e.g., heori foilure, oshenic, etc. Il meons the disease, injury or camplication which coused death.) DISEASE OR CONDITION 5, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost. III UNDERLYING CONDITION LOST. DISEASE OR CONDITION For WHICH OPERATION WAS PERFORMED 10. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 22. I certify that (I) (this hospitel) attended the deceased fram October 25, 19 65 to November 2, 19 65 and that in(my) (our) apintan death accurred an and haur and fram the causes stated above. (I) (We) (did) (did not) view the bady after limited) PARENTAL CRAMTION, 128. DATE 125C, NAME of CEMERETY or CEMERATOR 120D. ACRO 110D. The DISTANCE OF STORY 120D. ACRO 120D. ACR			Married		3 52	
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S. Wes Decessed Ever in U. S. Armed Forces? experior unknown) (If yes, give wor or dotes of service) 20 - U - 593	3. FATHER'S NA	ME		9		
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24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or county)	NAME (R. Govinda R	20.	1400 11 0	maldan Ct Dall	
Burial 11/7/65. Birchlawn Cemetery Pearisburg, Va. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADD					24D, LOCATION	City, lawn, ar caunty) (State)
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	25A. DATE REC'D	BY HEALTH DEPT.		25C. FUNERAL I	DIRECTOR	ADDRESS
NOV 4 1965 P. D. & E. Farling Leonard J. Ruck Inc. Balto. Md. 2	MOV	1 1065 A A	Q .T. D	Leonara	J. Ruck Inc.	Balto. Md. 2121
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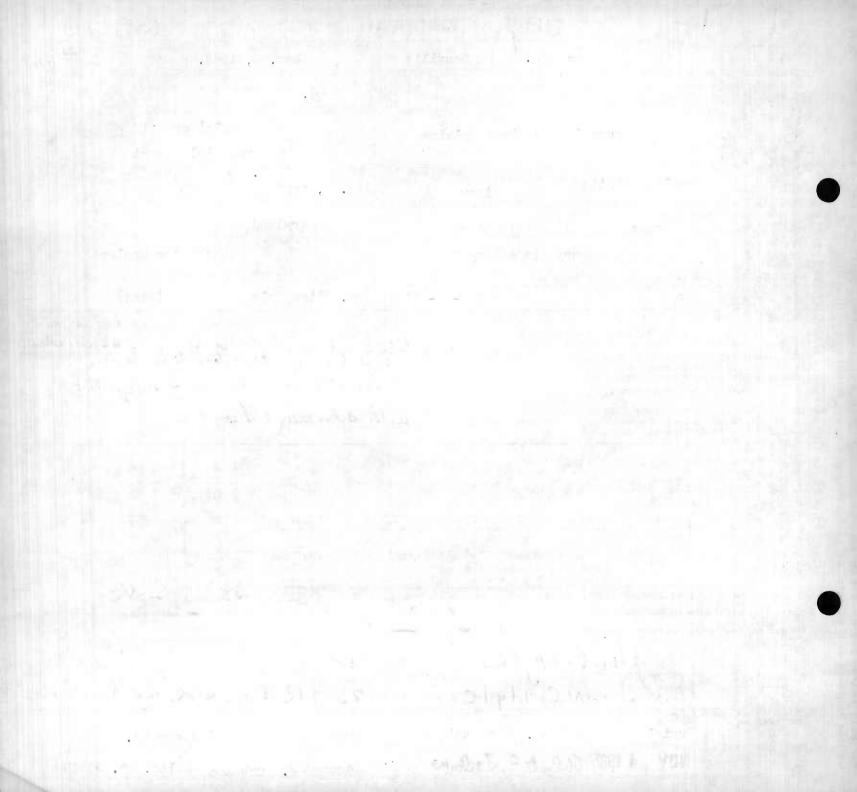


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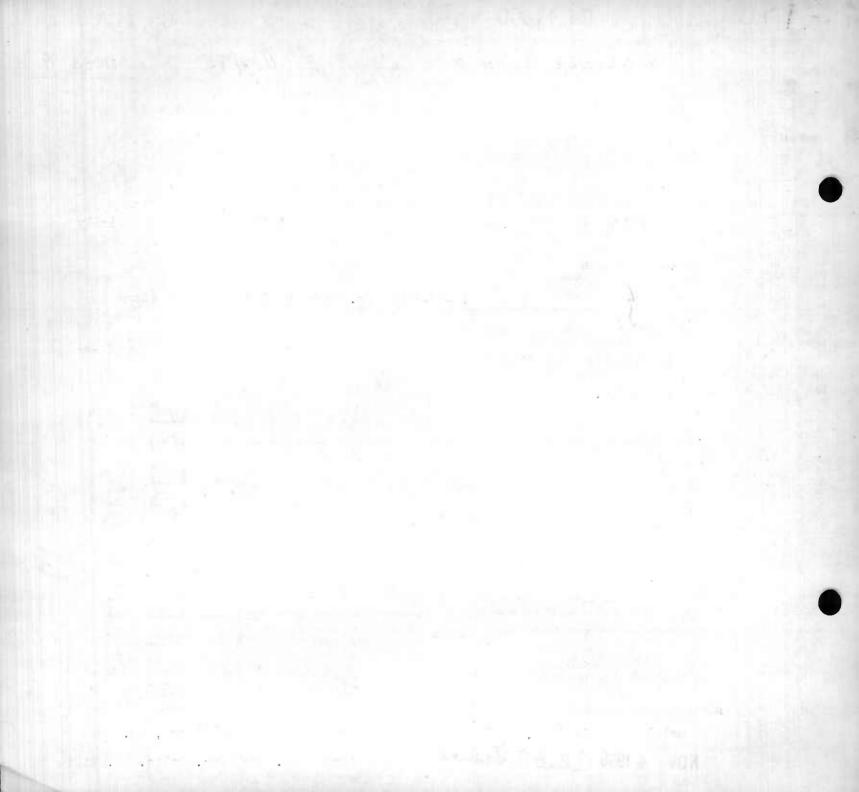
1. N	AME OF DECE		299 CERTIFICA	2. DATE ANI	D HOUR OF DEATH	H //
Тур	e or Print)	Eva	M. Mc Conville	Nov. 2,		1 = pm
F	ULL NAME OF OSPITAL OR NSTITUTION	oddress or locotio	or institution, give street	Md. C. CITY OR TOWN (If outs D. STREET ADDRESS (If m	side city limits, write Baltimore urol, give location)	e #12
					rownfield (
	Female	White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widow	Aug. 2, 1965	ost birthdoy) 80	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
done	during most of w	vorking life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY 5&10 Store	Maryland	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. F	ATHERS NAM		inderberger	14. MOTHER'S MAIDEN NAM		ne Euhler
		Ever in U. S. Armed For (If yes, give wor or dote		Mrs. Alice Hyle		ADDRESS (Same)
	heart failure, injury or cam	at mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES	dying, e.g., the disease, death.)	her sclerote Car	di vesc. D	(sei (undet)
	DISEASES Orise to the UNDERLYING	asthenia, etc. It means plicotian which caused	ony, giving stating the (C) wto	her sclorde Care her sclorde Care h Detur munul 7	derchal art di vesc. D hrombu	le orverequelo (ecclusion (sei (undet)
ATION	DISEASES Orise to the UNDERLYING	ashenia, etc. It means plication which caused antecedent causes. R CONDITIONS, if above cause (A) is CONDITION last. II FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I	ONTRIBUTING STED TO THE T. DITTON FOR WHICH OPERATION	her sclorde Care h Ditur munul 7	Promiler.	esei (undet)
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	AME OF DECEASED		ī		2. DATE AND HOUR OF DE	ATH
Гур	e or Print) VINCENZA	Lupp	NO		11/2/65	11:30 A
. P	LACE OF DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESID	B. COUNTY	If institution: residence belate admissia
	ULL NAME OF (If not in hospital	a. institution	awa sheek	Maryla		1,003
-	OSPITAL OR address or lacotion)	give street			rite RURAL and give township)
- 11	NSTITUTION			Baltim	AA	
3				D. STREET ADDR)
-	The Johns Hopkins	Hospi	tal	3801 B	elair Road	
. s			NEVER MARRIED	8. DATE OF BIRTH		If Under 1 Yr., If Under 24 Hr
		WIDOWE	D, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
_	Female White	Marr		10-16-6		
	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	IOR KIND OF	ROSINESS OK INDUSIK	TIL BIRTHPLACE	State at tareign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife	Own	Home	1.77	Sicily	Sicily
3. 1	FATHERS NAME			14. MOTHER'S M	AIDEN NAME	
	Carmelo Genna				e Possalagua	
es	Was Deceased Ever in U. S. Armed Fare ,no ar unknawn) (If yes, give war ar date	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		212-36-7796	Mr. Jack	Luppino	(Same)
	18.			OF DEATH	• •	INTERVAL BETWEEN
	DISEASE OR CONDITION DIR	ECTIV				ONSET AND DEATH
	LEADING TO DEATH	ECILI	00	12000	1.00 = ====	Jamin.
	(This does not meon the mode of	dying, e.g.,	DUE TO	RDIAC A	r/ces i	101000
	heart loilure, asthenia, etc. It means					
	injury or complication which coused			ASSIVE	BIFFDING	4DAYS
				ASSIVE	BLEEDING	40AVS
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	deolh.) ony, giving	(B) M		BLEEDING	40A45
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse (A)	deolh.) ony, giving	(B) M		BLEEDING TLL ANEMI	40AVS A ? 3WKS.
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	deolh.) ony, giving	(B) M		BLEEDING TLL ANEM!	40AVS A ? 3WKS.
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TION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA	deoth.) ony, giving stoling the ONTRIBUTIN	(B) M. DUE TO (C)	APLAS		40AVS A ? 3WKS.
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IMPORTANT

DIRECTOR:

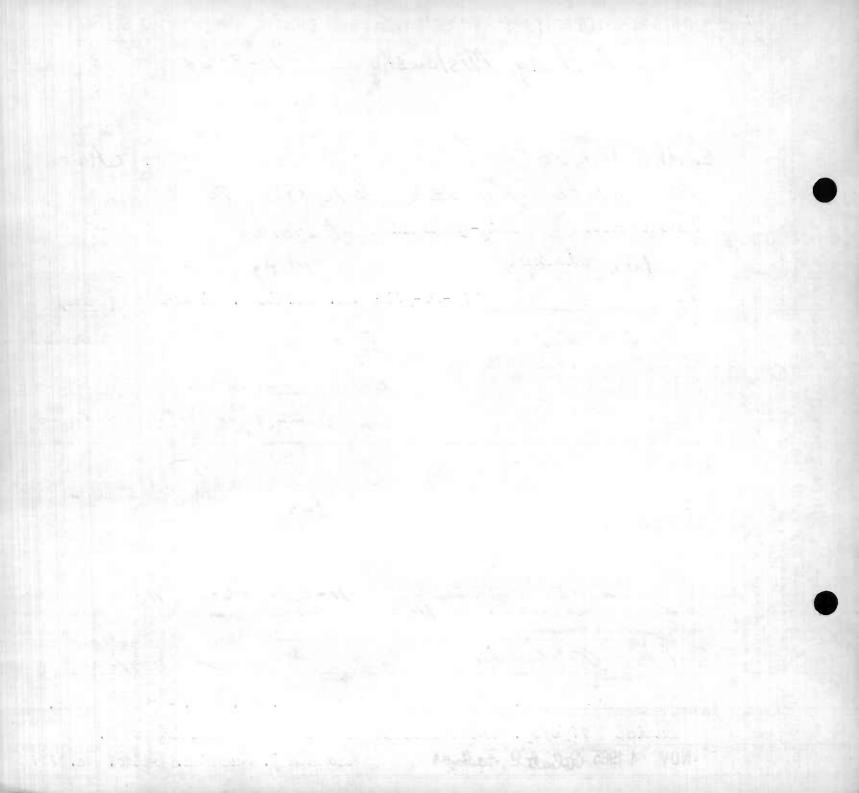
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65 11302	BALTIMORE CIT	Y HEALTH DEPARTMEN	чт	65	11302
BIRTH NO. 65-10380 MEI	DICAL EXAMINER	'S CERTIFICA'	TE OF DEATH	Registered Na	
M.E. CASE NO.					
Type of Print SEAN (SHAT	WAN) A.	REALE	2. DATE AND HOUR PRO	1/2/65	9:23 a.
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	A. STATE	DENCE (Where deceased live	ed. If institution: resi	idence before odmissio
FULL NAME OF (IF NOT IN HOSP HOSPITAL OR ADDRESS OR LOW)	PITAL OR INSTITUTION, GIVE STR CATION)	C. CITY OR TO	ryland WN (If outside corporate)in	nits, write RURAL o	and give to waship)
/			altimore RESS (If ruro), give locotion)	76	0
St. Jose	ph Hospital	1,5	323 Hamilton Av	Je.	
5. SEX 6. RACE white	7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED (speci	B. DATE OF BIRT	H 9. AGE (I	In years If Unde	Pr 1 Yr. If Under 24 H
IDA. USUAL OCCUPATION (Give kind of widone during most of working life, even if refired	OF BUSINESS OR I	NDUSTRY 11. BIRTHPLACE		12. CITIZ WHA	TEN OF AT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S M	AIDEN NAME		·U·N·
Anthony F. Real	e	Margare	et A. Lochbaum		
15. WAS DECEASED EVER IN U.S. ARM (Yes, no or unknown), (If yes, give wor or d	ED FORCES? 16. SO CIAL	17. INFORMANT	200110000	ADDRES	S
(195, 110 OF GIRTIOWII) (II yes, give wor of g	oles of services		ony Reale,	Same	
1B. X		CAUSE OF DEATH	BLOOD DATE OF		INTERVAL BETWEEN
DISEASE OR CONDITION	DIRECTLY	towatition mad	manitia		ONSET AND DEATH
LEADING TO DEA	of dying, e.g., (A)	terstitial pne	MUMONITORS		
heort foilure, osthenia, etc. It med injury or complication which couse	ins the diseose,				
ANTECENDENT CAU	JSES				
DISEASES OR CONDITIONS, IF		то			
UNDERLYING CONDITION LAS					
Š II	10/				••••••
OTHER SIGNIFICANT CONDITION	RELATED TO THE Bi	lateral purule	nt otitis medi	.a	
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O UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJU home, form, foctory, etc.)	RY (e.g., in or obout 21C. \ street, office bldg., INJUR'	WHERE DID (If in Boltimore Y OCCUR?	City, give exoct lo	ocotion)
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OF INJURY (APPROX.)	m. WHILE AT	NOT WHILE			
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resulted fram: Natural	400	Suicide Hamici			
1071111 2010	1 1-11	CHIEF M	EDICAL EXAMINER		DATE SIGNED
SIGNATURE WE'M	44.2nc	M.D. ASSISTANT M	EDICAL EXAMINER]	
EXAMINER'S	W Constant W D	ASSOCIATE M	MEDICAL EXAMINER	11/2/6	15
NAME (Type) Werner		METERY or CREMATORY	23 D. LOCATION	(City, town, or	county) (Stote)
REMOVAL (Specify)					HAY ZICE
Burial 11/4/ 24A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	emer Cemetery	Baltimor Baltimor		ADDRESS
NOV 4 1965 R.C	24B. NAME OF REGISTRAR				
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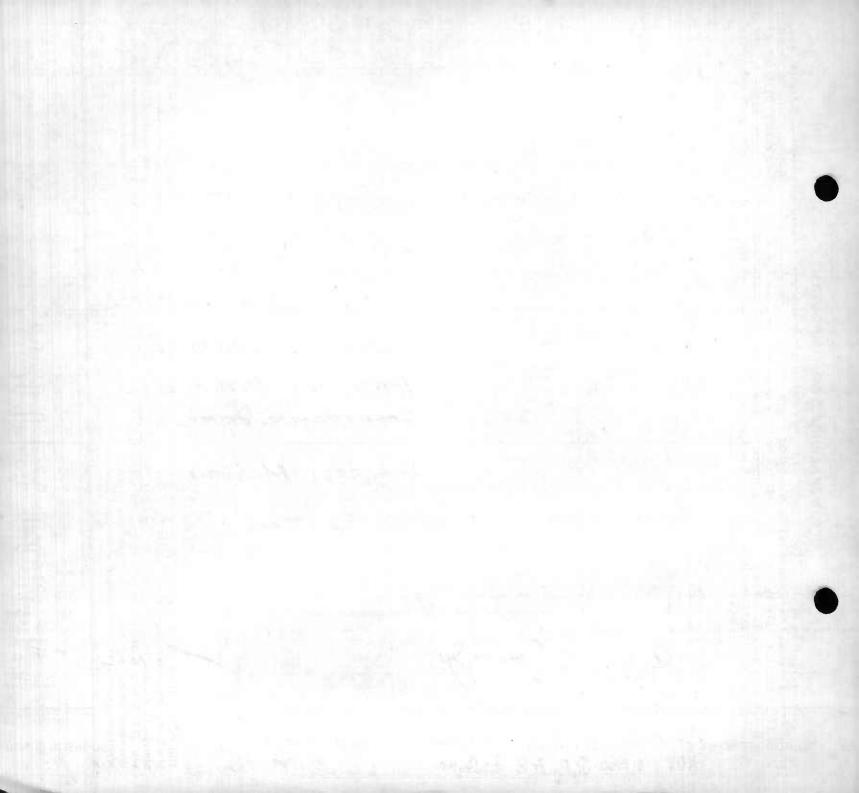


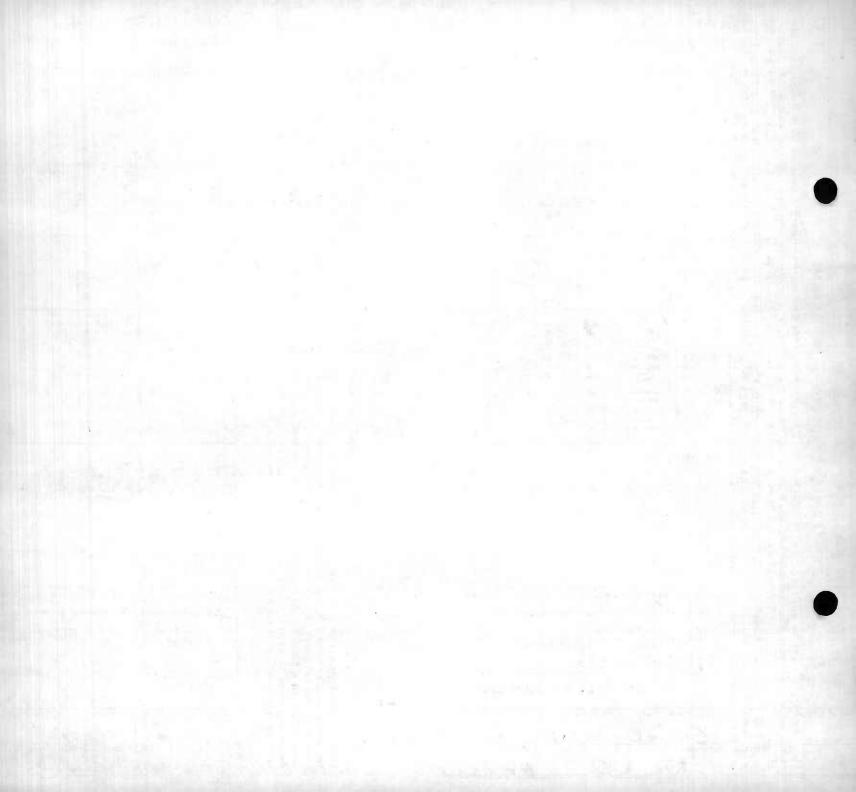
	NAME OF DECEASED		2. DATE	AND HOUR OF DEAT	Н
(Ty	GILLARD, HOWARD.	C	10	-31-65	2
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If	institution: residence b
	FULL NAME OF (If not in hospital or institution, give sm HOSPITAL OR address or location)	reet	MARYLAND C. CITY OR TOWN (IF	Balt	imore e RURAL ond give town
,	ST ACNES HOSPITAL		D. STREET ADDRESS	21228	Catonsville
1	ST. AGNES HOSPITAL		D. STREET ADDRESS	(If rurol, give location)	60
			1610 FREDE	RICK, RD.	
	SEX 6. RACE 7. MARRIED, NEVEL WIDOWED, DIV	DRCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Ho
	MALE WHITE MARRIED		8-3-94	71	
	A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN ne during most of working tite, even it retired)	IESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COUNT
	RETIRED LETTER CARRIER POST	OFFICE DEL	T MARYLAND		U.S.A.
	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	THOMAS GEORGE GILLARD		TAN	E KENNARD	
5.		CIAL	17- INFORMANT	TENIMIN.	ADDRESS
Te	es, no or unknown) (II yes, give wor or dotes of service) SE	CURITY NO.	ST. AGNES H	OSPITAL RE	CORDS
_		NONE	WILKENS & C	ATON AVE	- 21229
	18.) 9 9 . 2 - 1	CAUSE O	F DEATH		INTERVAL ONSET AN
	DISEASE OR CONDITION DIRECTLY		44 14	16.	
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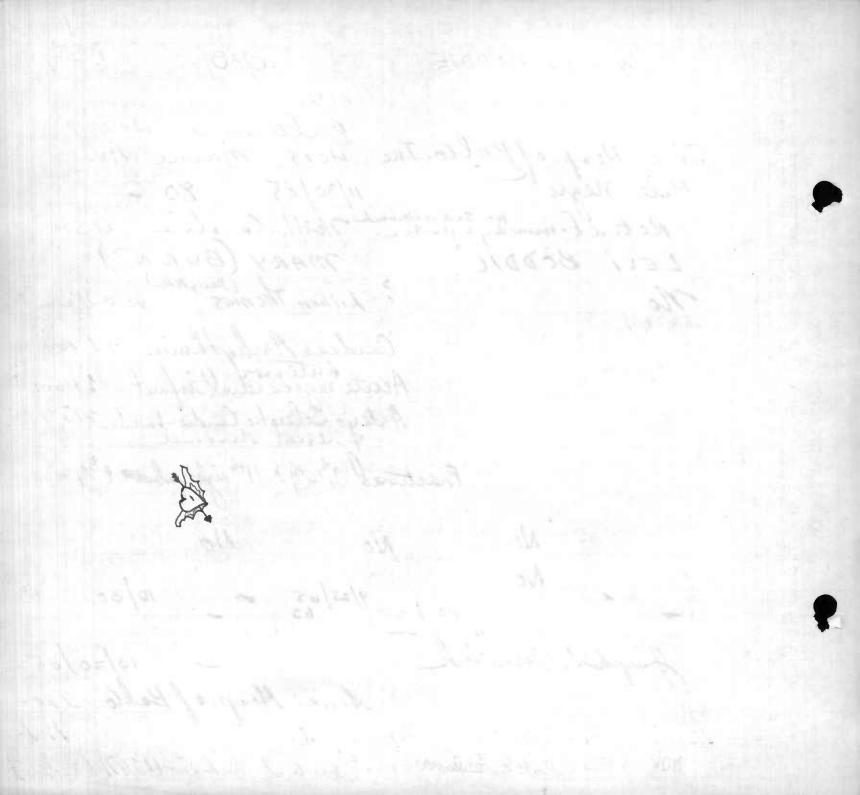
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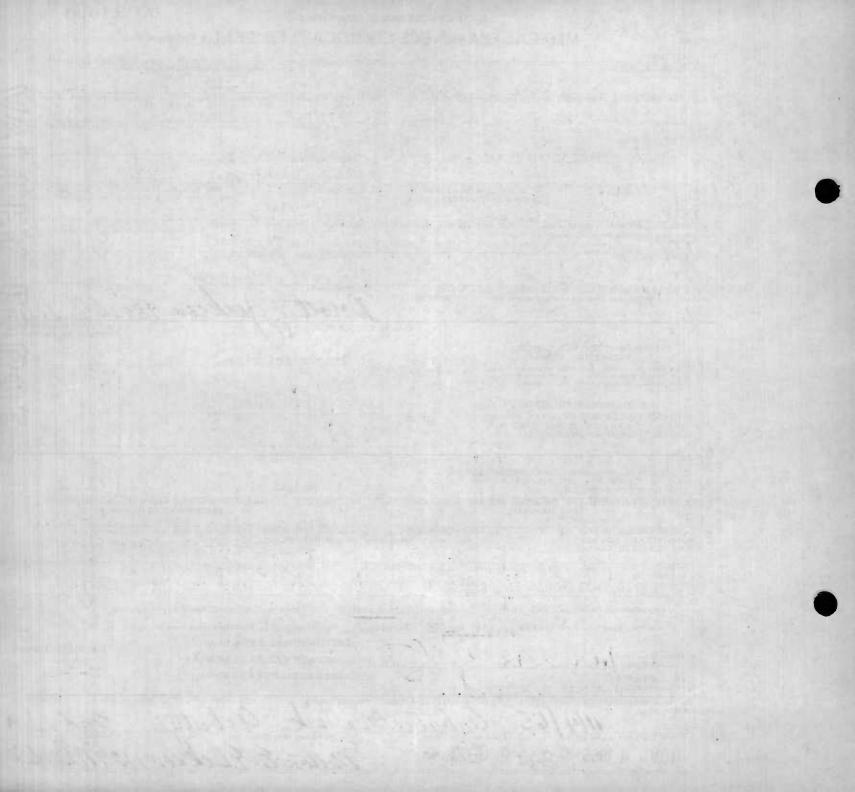




VS 150-REV. 1/1/65



BIRTH NO. 11308 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
LEROY JACKSON 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	11-1-65 12:03 A M. 14. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
3. PLACE IN BALLIMORE, MARILAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	77-11
UNION MEMORIAL HOSPITAL - DOA	D. STREET ADDRESS (If rurol, give locotion)
	4802 Alhambra Avenue 21212
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
Male Colored Single	11) Months, Doys, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 108. KIND OF JUSINESS OR INDUSTRY	YII. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired	Balta md. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lety Greboard	Day offer (less)
WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), U.Y. es, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
NA SECONTI NO.	Month Janken 4862/11/1 1.11
18. CAUSE	OF DEATH INTERVAL BETWEEN
Z 8 1 1 1 T	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Multiple injuries
(This does not meon the mode of dying, e.g., DUE TO	marciple injulies
injury or complication which coused death.)	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED (C)	
DISEASE OR CONDITION CAUSING IT.	20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
ZIA. EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g.,	in or obout 21C, WHERE DID (If in Boltimore City, give exact location)
UTING □ CAUSE OF DEATH. Divide □ CAUSE OF DEATH. Street	At Winston Avenue Gate
	of Loyola College
	WHILE Driver of auto into fixed object
22.	tapsy X and that an this basis, death in my apinion
resulted fram: Natural causesAccident XX Suicid	
ACTUAL 1. ACTUAL 1. STORY	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D. M.D.	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 11-1-65
EXAMINER'S' NAME (Type) WERNER U. SPITZ. M.D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
Burial 11/4/65 arbutus	mem Tack arbutue md,
24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
NOV 4 1965 Roberto E. Larberman	Melton to Ellekeon 112911 Curlin
VS 151-REV. 1/1/65	A COLOR OF THE COL



IMPORTANT

DIRECTOR:

FUNERAL

1 7.7.

65 11310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 65

2. DATE AND HOUR OF DEATH

U.S.A

ADDRESS

ONSET AND DEATH

If Under 1 Yr. Months: Days If Under 24 Hrs. Hours

12. CITIZEN OF WHAT COUNTRY?

Mrs. Dorothy M Keller 39 W. Preston St.

IN CERTIFYING CAUSES OF DEATH?

...and that In(my) (aur) apinion death accurred an the date

ADDRESS

Wm. Cook-Brooks Inc. 1217 St. Paul St. 21202

VS 150-REV. 1/1/65

eceased Was

the

M.E. CASE NO. I. NAME OF DECEASED

Agentemin Wilsonburger 122 13 Mariton Lyonal ASSET MARKET PHIMOGER

VS 150-REV. 1/1/65

LOCAL A VOK

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

1121 - 05 820	BALTIMORE CITY	HEALTH DEPARTMENT	As -	* SECOND
BIRTH NO. 64-34090 65, 113	CERTIFICA	TE OF DEATH	Registered Na.	11:312
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND H	OUR OF DEATH	TIOIC
(Type or Print) Anthony	2 maillilla	3 11/2	1915	1 100 45
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	00111110110	4. USUAL RESIDENCE (Where de	ceased lived. If instit	ution: residence before admission
		A. STATE B. COUNTY	*	8-17
FULL NAME OF (If not in hospitol or instit	ution, give street	CITY OF TOWN	1 1 1	0 0
INSTITUTION		C. CITY OR TOWN (If outside city limits, write RURAL and give township)		
422 Carrollton	true	D. STREET ADDRESS (If rurol, give focation)		
DOA - Univ.	Hosp	422 Can	1 1 1 M	
. SEX 6. RACE 7. MA	RRIED, NEVER MARRIED			f Under 1 Yr., ff Under 24 Hrs
with the second to with	OOWED, DIVORCED (specify)		birthdoy) N	Nonths Doys Hours Min.
DA. USUAL OCCUPATION (Gigs kind of work 10 B. KI	ND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State of foreign of		10 29
one during most of working fife, even if retired)	NO OF POSITIONS	0	44 ·	WHAT COUNTRY?
In Pant		Maryland		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		4,
Williams Will	liam	Mary	Carl	w
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	/man in	ADDRESS
(es, no or unknown) (If yes, give wor or dotes of se	security No.	in moFOO		moss moves
16. (2.2.1.0.)	CAUSE O	EDEATH	a Colilla	INTERVAL BETWEEN
5 11,0	CAUSE O	DEAIR		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	ai Ais		
(This does not mean the mode of dying,	e.g., DUE TO	Pivarox		
heart failure, asthenia, etc. 11 means the di		A 1- 1		/ 0
ANTECEDENT CAUSES	(B) S	astroenter.	is	6 d
DISEASES OR CONDITIONS, if any,	DUE TO			
rise to the above cause (A) stating				
UNDERLYING CONDITION last.				
, III				
OTHER SIGNIFICANT CONDITIONS CONTRI- TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.				H-70 Line Market
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20	D OF MEE WEEK TIME	DUICE CONFIDENCE
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		A AUTOPSTETIES OF THOSE	B. IF YES, WERE FIN	S OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore C	ity, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?		
2			0.000	
S OF INJURY	While At Not While	21 F. HOW DID INJURY	OCCUR?	
(APPROX.)	Work At Work			
22. I certify that (1) (this hospital) atter	ided the deceased from	Oct 30 196	25 to No	10 3 1965
that 11 (we) last saw the deceased aliv	e on Nov 2	1 -		n death accurred an the da
and have and from the causes stated abo				
23A. SIGNATURE	the (ma) (ma) (did) (difficulty A	tew the body diter death.	125	B. DATE SIGNED
	M.D. And	ending Med. Stof		
and the same of th	Phy		s. 🛛	NOV. 3, 1965
23C. PHYSICIAN'S BULINDO B. C.	1.0	23D. ADDRESS	.,	
ERLINDA B	CORPUZ M.D.	University	Hospita	2/
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCA	ITION / (City,	town, or countyl (State)
Burial 11/9/65	Mt Calvary Ceme	t mar	Canada 353	
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	County Md	ADDRESS
NOV 5 1965 A 0 4 0	To Buns	Adolphus Hal	-Land 1206	W North Ave
(S 150-REV. 1/1/65	COMPETER	Adolphus Hal	STEEU LEVO	77 - 70 - 7
w		the state of the s		

Baltimore, Md. ADDRESS

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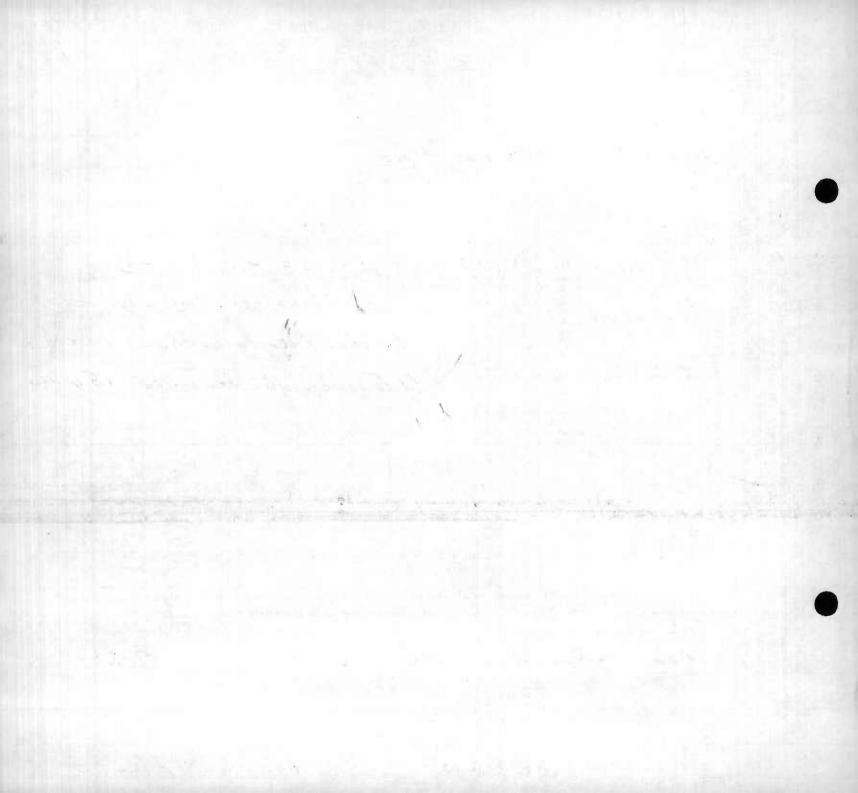
Burial

VS 151-REV. 1/1/65

1965 Robert E. Farluna

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	65 11315	BALTIMORE CITY	TICALITI DEL AKIMENTI		65 11215
	TH NO.	CERTIFICA	TE OF DEATH	Registered No	65 11315
M.E.	E CASE NO.	0	2. DATE AN	D HOUR OF DEATH	
	pe or Print) Lauien A	Sahari-		28.1965	61
3, P	PLACE OF DEATH IN BALTIMORE MARYLAND	0011021			litution: residence before admi
			A. STATE B. COUN	TY	1 /1
	FULL NAME OF (If not in hospital or institution, given	ve street	Md.		10-0
	HOSPITAL OR oddress or location) NSTITUTION		C. CITY OR TOWN (If out	sido city limits, write RL	JRAL ond give township)
0			BA/TIMORE	-	
11	1 0 1	1/	D. STREET ADDRESS (If	ural, give location)	
Ho	HOME INTHE PINES NURSING HOME		11 N. LINWOOD Afre.		
5. S			B. DATE OF BIRTH	AGE (In yours	If Under 1 Yr. , If Under 2
		DIVORCED (specify)	TA 11 11 1662	ost birthdoyl	Months Doys Hours A
103	USUAL OCCUPATION (Give kind of work) 10B, KIND OF	WED OR INDUSTRY	11. BIRTHPLACE (State or foreign	of of	12. CITIZEN OF
	e during most of working life, even if retired)		The state of total	gii cooniry/	WHAT COUNTRY?
1	TOUSEWIKE		MARYIANO	4	
13. F	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
1	NILIAM T. PRIC		1	, Schul	
15)			LOUTSA M	, ochul	T2
(Yos	s, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	/	ADDRESS
1	No		MR. M. Schult	211N.LIN	wood Ave.
	1B. // 20 (D)	CAUSE O	F DEATH	2/////////	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	THE DATE OF		Prompton	ONSET AND DEAT
	LEADING TO DEATH	100	ediac Decom	peusalin	- I week
	(This does not mean the mode of dying, e.g.,	(~)		<i>U</i>	
	heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	0 3	misclerotic	11 - 1	1
		1/1/16	reconfection	Herbert	3 15 4che
		/RC-CC	oce accept one		
	ANTECEDENT CAUSES	DUE TO			J
	DISEASES OR CONDITIONS, it any, giving	DUE TO			
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	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.	DUE TO			
Z	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.	DUE TO			J
TION	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.	DUE TO			J
CATION	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)			
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L CERTIFIC	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.	CO (C)		208. IF YES, WERE FI	NDINGS CONSIDERED
L CERTIFIC	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.	CO (C)	20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE FI	NDINGS CONSIDERED
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MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.	DUE TO (C) HICH OPERATION LACE OF INJURY (o.g., in form, foctory, street, of NJURY OCCURRED At Not Whill Al Work	20 A. AUTOPSY? (Yes or No.) n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21 F. HOW DID INJU	20B. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore	NDINGS CONSIDERED SES OF DEATH? City, give exoct locotion)
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.	HICH OPERATION LACE OF INJURY (o.g., in form, foctory, street, of NJURY OCCURRED AI Not While AI Work	n or obout 21C. WHERE DID ffice bidg., NJURY OCCUR?	20B. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore	NDINGS CONSIDERED SES OF DEATH? City, give exoct locotion)
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MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WIWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. I While Work 22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive an and hour and from the couses stated above. (I)	DUE TO (C) HICH OPERATION LACE OF INJURY (o.g., in form, foctory, street, of the foctor	20A. AUTOPSY? (Yes or Not nor obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU	208. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore JRY OCCUR? 9to of in(my) (our) opini	NDINGS CONSIDERED SES OF DEATH? City, give exoct locotion) 19 on death occurred on the
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MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WIWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. I OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive on ond hour and from the causes stated above. (I) 23A. SIGNATURE CALLES MACCIDENTS	DUE TO (C) HICH OPERATION LACE OF INJURY (o.g., in form, foctory, street, of the foctory, street, s	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU 19 ond the	20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore JRY OCCUR? 9to of in(my) (our) opini	NDINGS CONSIDERED SES OF DEATH? City, give exoct locotion) 19 on death occurred on the
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MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.	DUE TO (C) HICH OPERATION LACE OF INJURY (o.g., in form, foctory, street, of the foctory, street, stree	20A. AUTOPSY? (Yes or Not nor obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 ond the view the body ofter deoth. 21 onding Mod. Director 22 on Director 22 on DIRESS	20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore JRY OCCUR? 9to of in(my) (our) opini	ndings considered SES OF DEATH? City, give exoct locotion) 19 on death occurred on the 238, DATE SIGNED OCL 29, 198
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.	DUE TO (C) HICH OPERATION LACE OF INJURY (o.g., in form, foctory, street, of the foctor	20A. AUTOPSY? (Yes or Not nor obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 ond the view the body ofter deoth. 21 onding Mod. Director 22 on Director 22 on DIRESS	20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore JRY OCCUR? 9to of in(my) (our) opini	ndings considered SES OF DEATH? City, give exoct locotion) 19 on deoth occurred on the 238, DATE SIGNED OCL 29, 196
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CONDITION FOR WILLIAM FOR W	DUE TO (C) HICH OPERATION LACE OF INJURY (o.g., in form, foctory, street, of the foctory, street, stree	20A. AUTOPSY? (Yes or Not nor obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 ond the view the body ofter deoth. 21 onding Mod. Director 22 on Director 22 on DIRESS	20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore JRY OCCUR? 9to of in(my) (our) opini	ndings considered SES OF DEATH? City, give exoct locotion) 19 on deoth occurred on the 238, DATE SIGNED OCL 29, 196
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CONDITION FOR WILLIAM FOR W	DUE TO (C) HICH OPERATION LACE OF INJURY (o.g., in form, foctory, street, of the foctory, street, o	20A. AUTOPSY? (Yes or Not nor obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 ond the view the body ofter deoth. 21 onding Mod. Director 22 on Director 22 on DIRESS	20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore JRY OCCUR? 9to of in(my) (our) opini	ndings considered SES OF DEATH? City, give exoct locotion) 19 on deoth occurred on the 238, DATE SIGNED OCL 29, 196
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WIWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CONDITION FOR WIWAS PERFORMED 21A. ACCIDENT WAS UNDERLY	DUE TO (C) HICH OPERATION LACE OF INJURY (o.g., in form, foctory, street, of the foctory, street, o	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU 21F. HOW DID INJU 319 ond the view the body ofter deoth. 23D. ADDRESS EMATORY 24D. LC	20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore JRY OCCUR? 9to of in(my) (our) opini	ndings considered SES OF DEATH? City, give exact location) 19 on death occurred on the 238, DATE SIGNED OCITY 29, 196 , town, or county) (SI



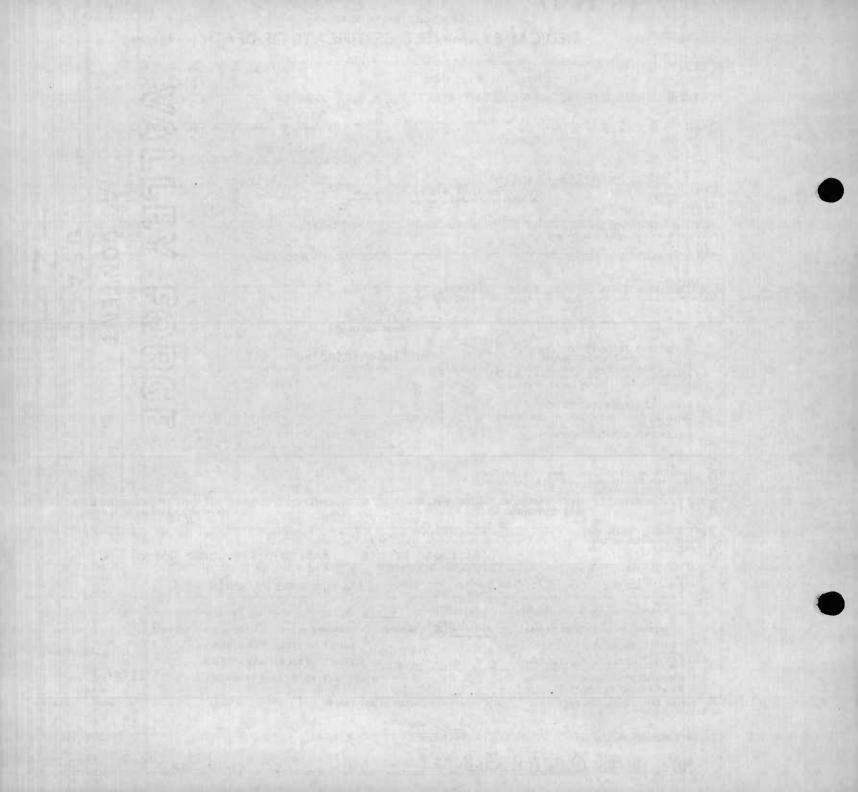
US 153 - CHANGE NAME OF FATHER

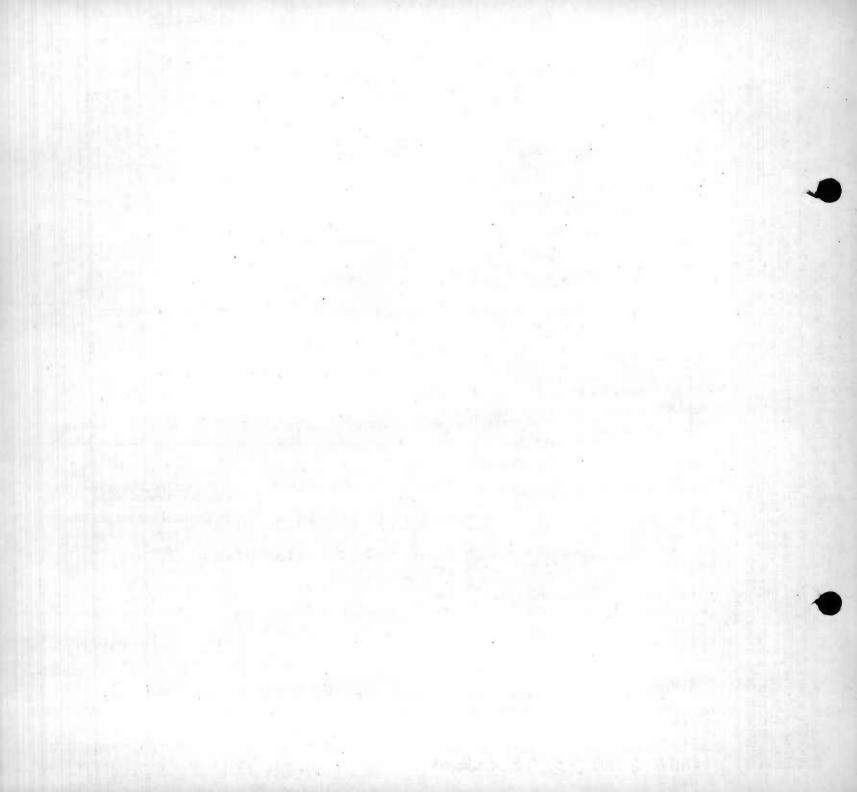
Cor baser K

BALTIMORE CITY HEALTH DEPARTMENT

65 11317

	ERTIFICATE OF DEATH Registered No.			
M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print) FLOYD BURKE	2. DATE AND HOUR PRONOUNCED DEAD 11/2/65 12:40 a			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
INSTITUTION ADDRESS OF ECCATION	Baltimore 308			
14	D. STREET ADDRESS (If rural, give location)			
Union Memorial Hospital 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH S. AGE (In years If Under 1 Yr If Under 24 Hrs			
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	lost birthday) Manths Doys Haurs Min.			
10A. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF			
TIRE RULL DER RUBBER CO.	VIRGINIA WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL	17. INFORMANT ADDRESS			
(Yes, no arunknown) (If yes, give wor or dates af service) SECURITY NO.	1420 MILL RACE RD.			
11B. CAUS	DESSIE M. BURKE E OF DEATH INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH			
LEADING TO DEATH MULTIP	le injuries			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or camplication which caused death.)				
ANTECENDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE				
UNDERLYING CONDITION LAST.				
O THE SIGNIFICANT CONDITIONS CONTRIBUTING OTHER SIGNIFICANT CONDITIONS TO THE				
DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED			
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?			
21 A. EXTERNAL CAUSE WAS 21 B. PLACE OF INJURY (e.g., UNDERLYING OR CONTRIB-	in ar about 21C. WHERE DID (If in Baltimare City, give exact location) office bldg., INJURY OCCUR?			
UNDERLYING CONTRIB- UTING CAUSE OF DEATH. home, form, foctory, street, etc. railroad tra	01.2011			
OF INJURY (APPROX.) 11 2 65 12:05 a WHILE AT NOT	21F. HOW DID INJURY OCCUR?			
22. AT W	white run over by train			
	tapsy and that an this basis, death in my opinian			
resulted fram: Natural causes Accident X Suicio				
ACTUAL Merry 1 - 2 12 (CHIEF MEDICAL EXAMINER DATE SIGNED			
SIGNATURE M.D	ASSOCIATE MEDICAL EXAMINER 11/2/65			
NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	ar CREMATORY 23D. LOCATION (City, town, ar county) (State)			
REMOVAL (Specify)				
24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS			
NOV 5 1965 P. O. Fr E. Falleyman	P. North atta. 13615 Chestmit			
VS 151-REV. 1/1/65	I am & convertising are			



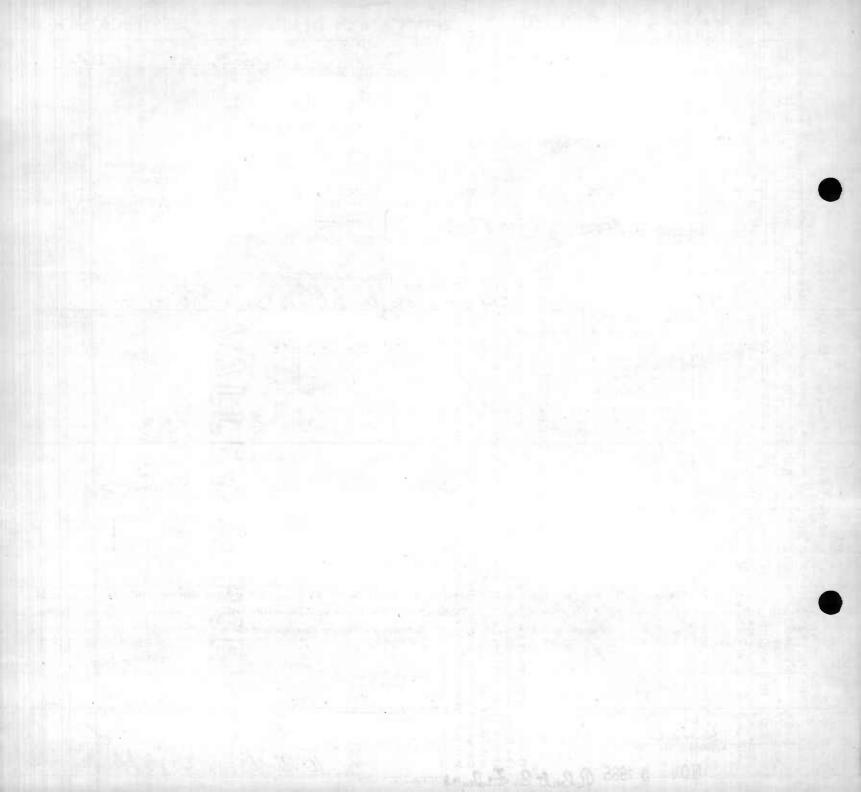


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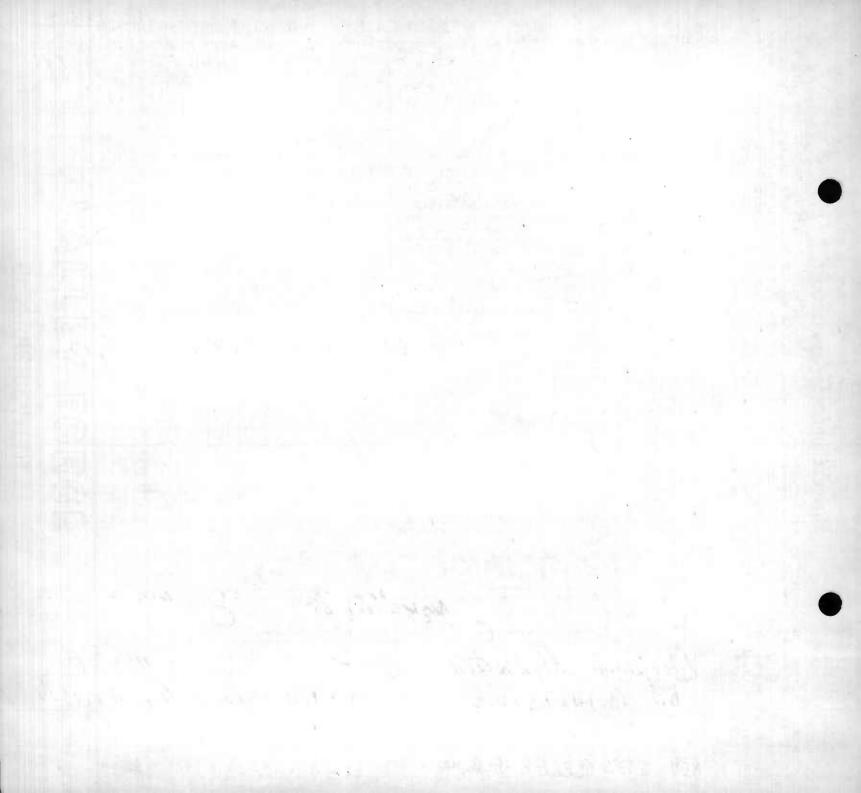
DIRECTOR:

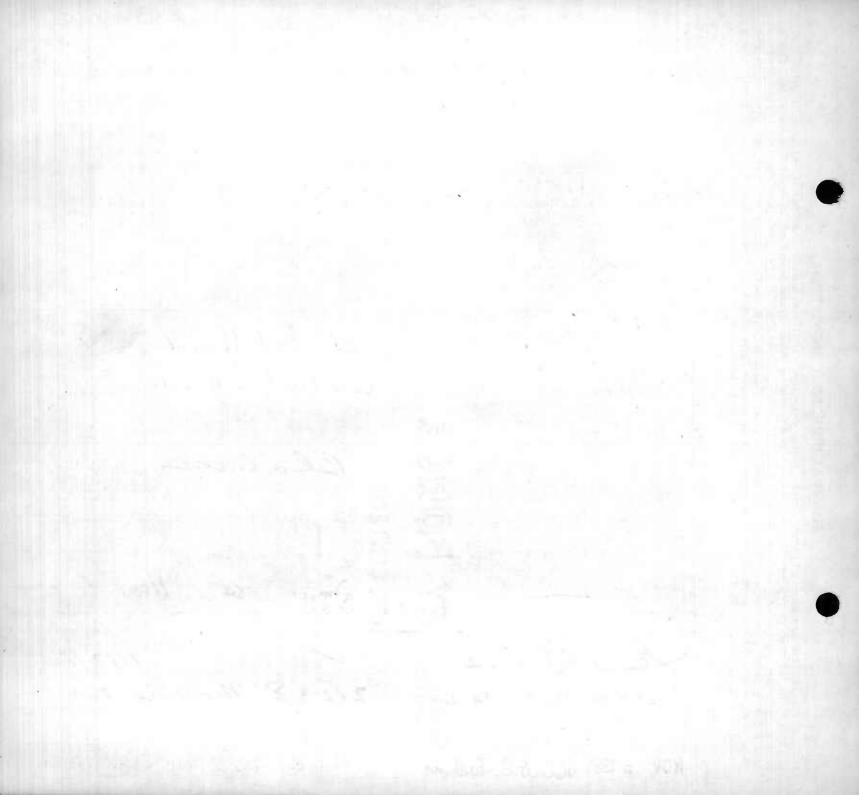
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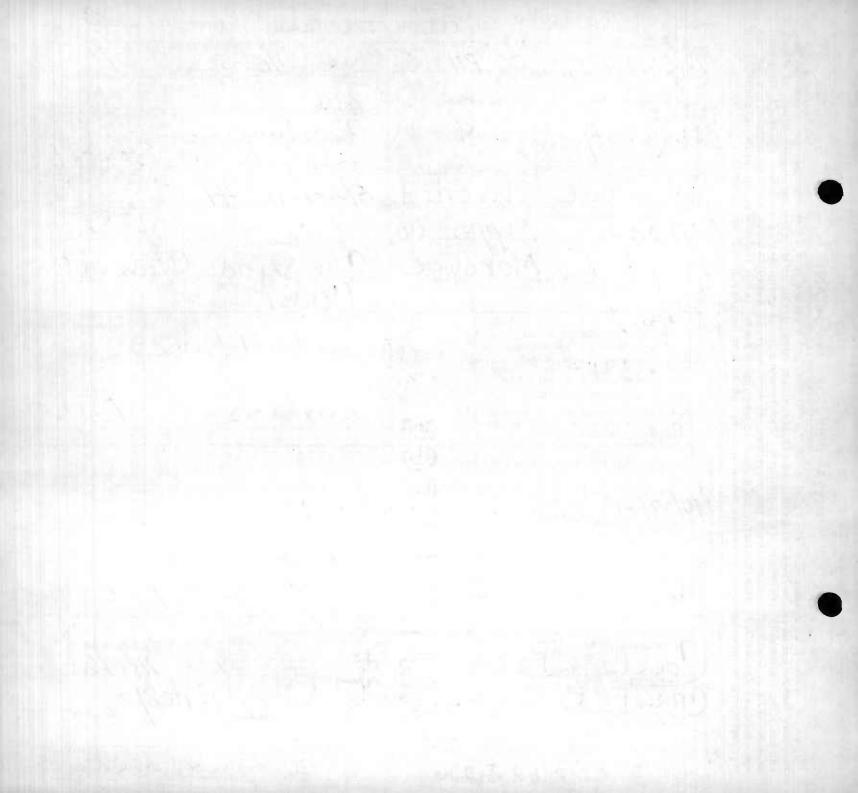
Sant Care 144 -104/02/2 University States 52401 The level of simon ways a series of the EDECKED STANSON IN TO THE ENGLE ST.

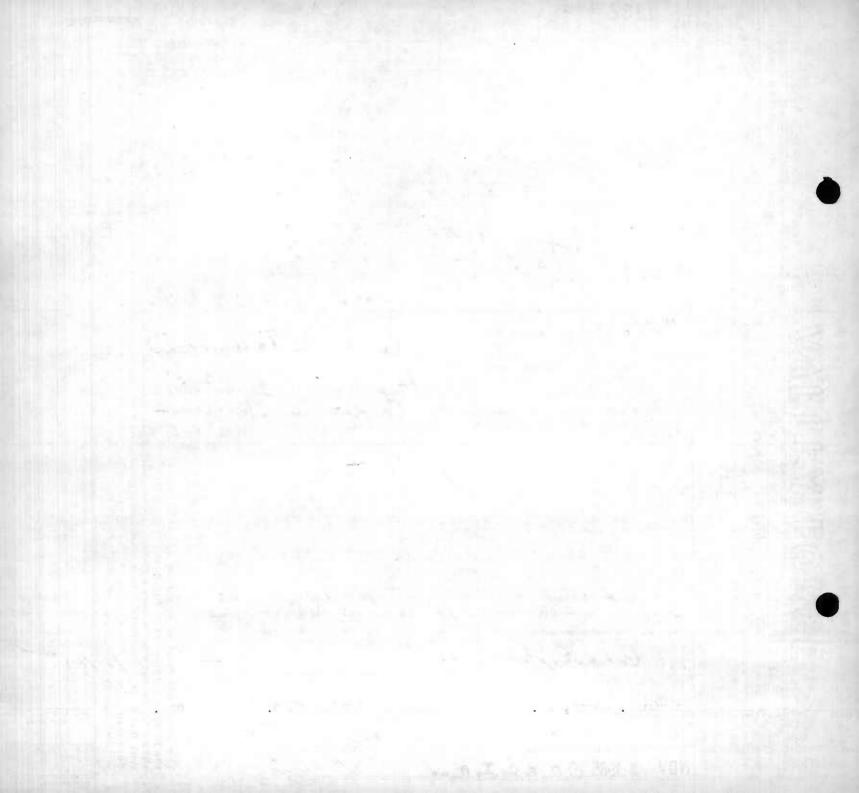


300	BALTIMORE CITY HEALTH DEPARTMENT	
	BIRTH NO. CERTIFICATE OF DEATH Registered No. 65 11321	
- s - o	M.E. CASE NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH	_
	Type or Print EMILY L. HEWITT NOV. 2, 1965 1P.	M.
+ + 0 +	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission and the state of the	ın)
SOUTH	Manufact Vactoria &	
	HOSPITAL OR address or location) C. CITY OR TOWN (If guiside city limits, write RURAL and give township)	_
	INSTITUTION GOULD Convales ARIUM-Bokin In RURAL - RUS-EDALE	
ting d cau	D. STREET ADDRESS (If rurol, give lacolian)	
b 2/1	6116 Bolair Road. 7523 Brightside Ave	
Poc	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His Months; Days Hours; Min.	rs.
regular sased p is made	temale white widow Dept. 26, 1886 79	
0	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY?	
3.0	Laurdress Bulto City. Hosp Tennsylvania USA.	
000	13. FATHER'S NAME	
disposition	Louis Denvis house CollyER	
3	15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS	
B	(Yes, no ar unknown) (III yes, give war ar dates of service) SECURITY NO. 213-07-6090 Josephine SANTONI 7523 Bay Hisklet	-
1	118. CAUSE OF DEATH INTERVAL BETWEEN	, -
	DISEASE OR CONDITION DIRECTLY	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO (A) CANCER OF BREAST (A) CANCER OF BREAST	
	heart failure, asthenia, etc. 11 means the disease,	
	injury or complication which caused death.)	
0	ANTECEDENT CAUSES (B) DUE TO	
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C)	
	UNDERLYING CONDITION last,	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimare City, give exact location)	
	DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	_
I	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?	
	OR CONTRIBUTION CALLES OF Lame for the State of the INTURY OCCUR?	
	DEATH (natify medical examiner) etc.)	
	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	-
I	OF INJURY (APPROX.) While At Not While At Not Wark	
	22. I certify that (I) (this hospital) attended the deceased from 3AN 3 1957 to NOV 2 1965	
	that (I) we) lost sow the deceosed olive on No WTAPEK 1965 and that in (my) (our) opinion death occurred on the de	010
	ond hour and from the couses stated above. (1) (We) (did not) view the body after death.	2,0
	23A. SHONATURE	
	M.D. Attending Med. Stoff 11/3/15	
	230. PHYSICIAN'S NAMY (Type) ALL LICE STATE ADD 124 PHYSICIAN'S NAMY (Type) ALL LICE STATE ADD 124 PHYSICIAN'S NAMY (Type) ALL LICE STATE ADD 124 PHYSICIAN'S NAMY (Type)	1.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)	14
	REMOVAL (Specify)	
	BURIAL 11-5-65 HSBURY CEMETERY TERRYVILLO, MOT.	
	ALOV 5 1965 P. D. S. F. Comman Of REGISTRAN 256. FUNERAL DIRECTOR ADDRESS AND STATE OF REGISTRAN 250. EUNERAL DIRECTOR ADDRESS AND STATE OF REGISTRAN 250. EUNER 250. E	
1	NOV 5 1965 Robert E. tarkey Mal high Livery 1811 Ches Aco Hue	0
	V3 130*KCV, 1/ 1/ 03	











	TH NO. D.C. 65 11327 CERTIFICA		Registered No. 7 8. 1 GADES
M.E	E CASE NO. IAME OF DECEASED	2. DATE AND H	65 11321
(Тур	FRANCIS CHASE	10-30-	
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where dec	cosed lived. If institution; residence before admissio
H	FULL NAME OF (If nat in hospital or institution, give street oddress or lacotion)	MARYLAND, CHA	RLES city limits, write RURAL and give township)
2	NSTITUTION	HUGHEVILLE	SE = 00
	THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol,	give locotian)
5. \$	WIDOWED, DIVORCED (specify)	line! h	GE (In years (f Under 1 Yr., 1 H Under 24 Hrs bigbday) Manths Doys Haurs Min,
	ALE NEGROID NEVER MARRIED USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI	1 -1 //	6
	e during most of working life, even if retired)	TI. BIKINFLACE (Store or foreign co	WHAT COUNTRY?
13.	FATHERS NAME	14. MOTHER'S MAIDEN NAME	U.S.A.
	George Chase	CATHERINE PLA	TER
S. V	Was Deceased Ever in U. S. Armed Farces? s, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NO	GEORGE CHAS	E HUGHESVILLE, MD.
	18. CAUSE C	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	· A · · · · · · · · · · · · · · · · · ·	
	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	adiorespirate	ry arrest
	heart failure, asthenio, etc. It means the disease, injury or complication which caused deoth.)		
	ANTECEDENT CAUSES (B)	erebral Rofteni	ing and edeene
	DISEASES OR CONDITIONS, if ony, giving	ereheal Roften	V
	rise to the above cause (A) stating the (C)	Drain tumor	
	II -	P mary limited	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 19.B. CONDITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No) 201	B. IF YES, WERE FINDINGS CONSIDERED
ERTIFIC	3 10/25/65 WAS PERFORMED Brain tumoe	YES IN	CERTIFYING CAUSES OF DEATH?
U	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF home, form, factory, street, or	n or obout 21 C. WHERE DID	(If in Boltimare City, give exact tocation)
	DEATH (nalify medical examiner)		
ED	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY	OCCUR?
×	(APPROX.) While At Work At Work		
	22. I certify that X (this haspital) attended the deceased fram	9 124 196	5 10 3 2 M. 10/30/1965
	that (1) (we) last saw the deceased alive an 10/30	1965 and that in	(my) (apr) apihlon death occurred an the da
	ond haur and fram the couses stated above. (1) (did) (did nat)		
	23A. SIGNATURE		23B. DATE SIGNED
	azem Atsaisisen M.D. At	ending Med. Stoff Phys.	10/30/65
	23C. PHYSICIAMS NAME (Type)	23D. ADDRESS	
		THE JOHNS	HARKING HASSITH
	KAZEM ABBASSION M.D.	THE COMMS	HOPKINS HOSPITAL
	BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CR		
	NAZEH AMBASSIUN	EMATORY 24D. LOCAT	(City, town, or caunty) (State)
24A 25A	BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CR	EMATORY 24D. LOCAT	

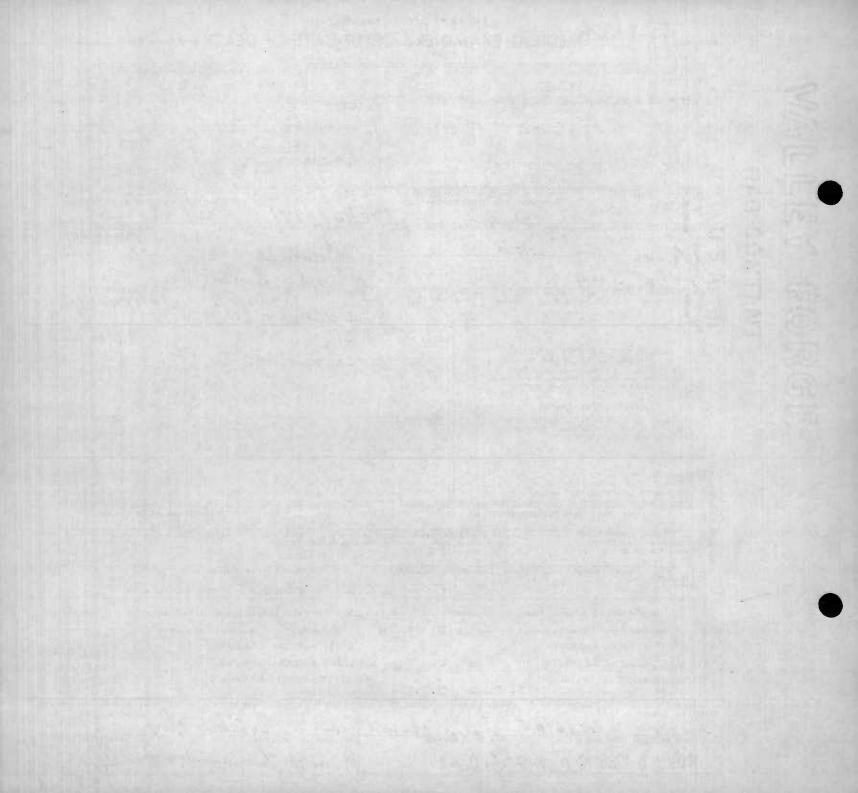
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2 The Secretary of Links and

BIRTH NO. 65 11328	MEDICAL EXAMINER'S	CERTIFICATE OF DEA	ATH Registered No.
M.E. CASE NO. 1. NAME OF DECEASED		2, DATE AND HO	UR PRONOUNCED DEAD
(Type or Print)	ELVIN BENGES		r 3, 1965 11:30 P
3. PLACE IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (Where deceded A. STATE Maryland	psed lived. If institution: residence before admissions. COUNTY
Franklin Squa	re Hospital	Baltimore D. STREET ADDRESS (If rurol, give 1148 Ward St	
5. SEX Male Male White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) d of work 108. KIND OF BUSINESS OR INDUST	10/16/1941	AGE (In yeors of the post birthdoy) 24 If Under 1 Yr. If Under 24 Hr Months, Doys, Hours, Min.
done during most of working life, even if	none none	md.	WHAT COUNTRY
John Beng	es	Blanche Ben	4
15. WAS DECEASED EVER IN U.S. (Yes, no or unknown) (If yes, give wor	ARMED FORCES? or dotes of service) 16. SOCIAL SECURITY NO.	Turs Islane for	nes 2007 Casadel av
DISEASE OR CONDITI LEADING TO (This does not meen the meen foilure, estimated in the control of	DEATH Inde of dying e.g., the monst the discose, coused death.) CAUSES (A) Narco DUE TO (B) DUE TO (B) DUE TO (B) DUE TO	otic Intoxication.	
OTHER SIGNIFICANT COND TO THE DEATH BUT N DISEASE OR CONDITION C.	OT RELATED TO THE		
W W	B. CONDITION FOR WHICH OPERATION AS PERFORMED	Yes	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
O UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) Unknown	office bidg., INJURY OCCUR? Unknown	
OF INJURY (APPROX.) 11 3	1 65 WHILE AT NOT AT	21F. HOW DID INJURY O WORK SUPERIOR OF	
22. I certify that I held resulted fram: Natu ACTUAL SIGNATURE	oral causes Accident Suici	de Hamicide Under CHIEF MEDICAL EXAMII D. ASSISTANT MEDICAL EXAMII	NER 11/4/65
EXAMINER'S NAME (Type) Ch 23A, BURIAL CREMATION, REMOVAL (Specify) 23B, D	arles S. Petty, M.D. ATE 23C. NAME of CEMETERY		

Cem. Kr 24C. FUNERAL DIRECTOR

NOV 5 1965 Robert E. Farber M. J.



VS 150-REV. 1/1/65

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Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) AARON MILLER NOVEMBER 3. 1965 3. PLACE OF DEATH IN BALTIMORE MARYLAND RESIDENCE (Where deceased lived. In institution: residence MARYLAND (If not in hospital or instilution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION BALTIMORE MARYLAND GENERAL HOSPITAL D. STREET ADDRESS (If rural, give location) 1302 ST. PAUL STREET mad 5. SEX 6. RACE 9. AGE (In years 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. WIDOWED DIXORCED specify) birthday) Months Doys WHITE MALE 1/31/1901 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired) EMPLOYEE CHESAPEAKE RESTAURANT DURHAM, N. CAROLINA USA 13. FATHER'S NAME 4. MOTHERS MAIDEN NAME SIMON MILLER SARAH CAPLAN 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 7. INFORMANT ADDRESS (Yes, no pynknown) (If yes, give war ar dates of service) SECURITY NO. 3-10-8500 MRS. MINNIE KATZ 2910 LIGHTFOOT DRIVE CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., mba heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. main OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B, PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimare City, give exact location) DEATH (natify medical examiner) MEDIC 21D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Nat While While At (APPROX.) At Wark Wark 22. I certify that (I) (this hospital) attended the deceased fram Cct that (I) (we) last saw the deceased alive an and that in (my) (ser) apinion death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending | Stoff Med. approval Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) JONAS COHEN 6702 PARK HEIGHTS AVENUE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify) BALTIMORE, MARYLAND

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT

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11/4/65

SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN R

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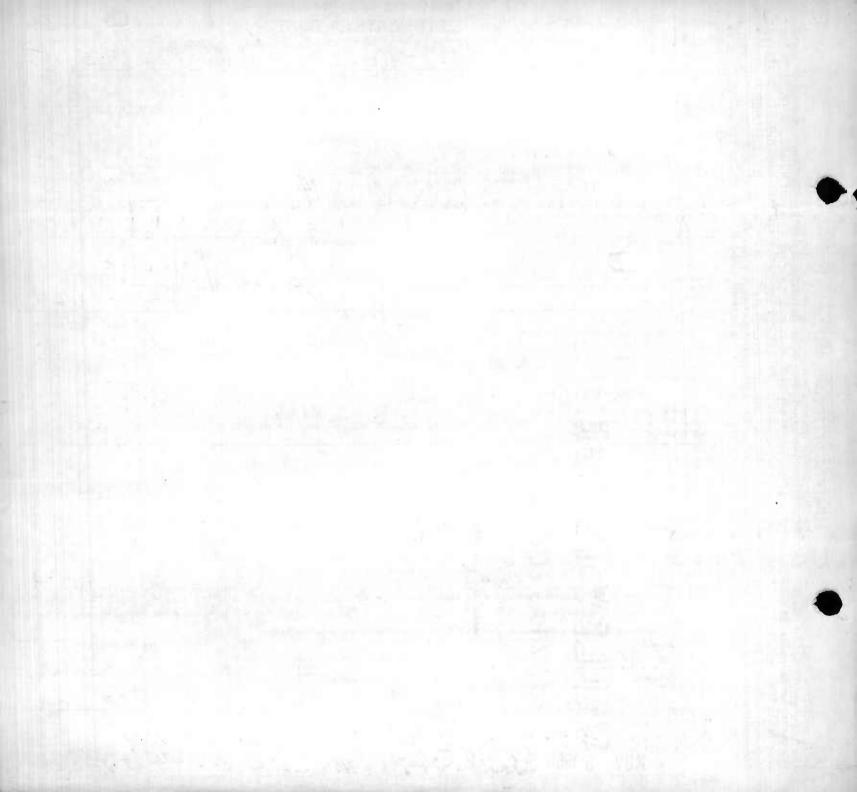
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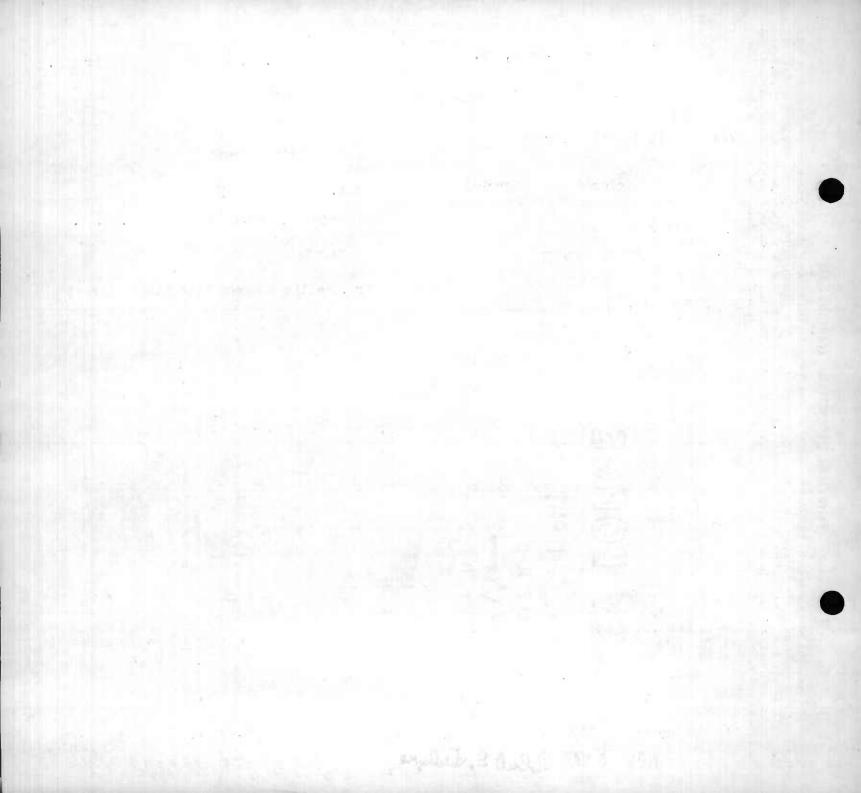
Registered No. 55 BIRTH NO. CERTIFICATE OF DEATH of death Deceased and M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo 13141 eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived.
A. STATE
B. COUNTY institution: residence before odmission) attendance (If not in hospital or institution, give street FULL NAME OF T HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) cause; INSTITUTION 9 prior D. STREET ADDRESS (If rurol, give location) etermined regular mad MARRIED, NEVER MARRIED 8. DATE OF BIRTH 5. SEX 6. RACE 9. AGE (In years If Under 1 Yr. II Under 1 Ones Il Under 24 Hrs. deceased WIDOWED, DIVORCED (specily) lost birthdov 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stoke or foreign country) 12. CITIZEN OF disposition done during most of working life, even if retired) WHAT COUNTRY? = OPTH AROLIWA Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME IMPORTANT death uo o 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMAN 6. SOCIAL final (Yes, no or unknown) (II yes, give wor or doles of service) SECURITY NO. attendance pronounced 0 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., mba hearl failure, asthenia, etc. It means the disease, 9 FUNERAL DIRECTOR: injury ar camplication which caused death.) ng ANTECEDENT CAUSES DUE TO 9 DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician remains UNDERLYING CONDITION lost Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE an DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 919 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF hospital o Z DEATH (notify medical examiner nature; ¥ ¥ OF INJURY obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY pproved (except While At Not While (APPROX) At Work and Work any 22. I certify that (1) (this hospital) attended the deceased from USU that (V (we) lost sow the deceased alive on ond that in (1949) (our) opinion death accurred on the date F hospital and hour and from the couses stated above. (V) (We) (did) (did not) view the body after deoth, eat must 23A. SIGNATURE 23B. DATE SIGNED ō Atlending Phys. 0 approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) at M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION eceased o REMOVAL (Specify) 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY

VS 150-REV. 1/1/65

IMPORTANT

FUNERAL DIRECTOR:

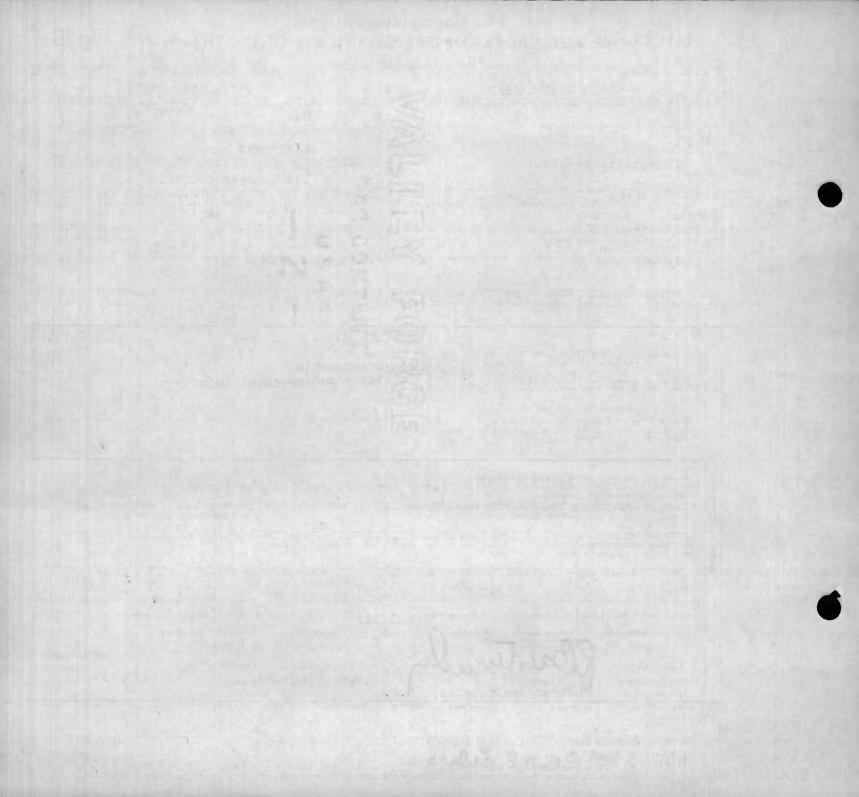
	65 11334		BALTIMORE CITY	HEALTH DEPARTMENT		65 11334
BIRTH NO.			CERTIFICA	TE OF DEATH	Registered No	. OU LLOUT
M.E. CASE NO.	CEASED			2, DATE A	ND HOUR OF DEAT	Н
Type or Print)	Henry Sam	pson, J	r.	Nov.	1, 1965	1:00 A.
PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If	institution: residence before admission
				Maryland	NTY	ID AN
FULL NAME HOSPITAL OF		or institution.	give stieet			11-00
INSTITUTION		"		C. CITY OR TOWN (If or Baltimore	utside city limits, write	e RURAL and give township)
7) 7.	124 Etting Str	aat			rurol, give location)	
1.	LEA BOOLING DOL	660				
				1124 Etting		
XEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
Male	Colored	Marr	led	Sept.20, 1888	77	
	CUPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF
Waite	of working life, even if retired)			Baltimore, Ma	aryland	WHAT COUNTRY?
3. FATHER'S NA				14. MOTHER'S MAIDEN NA		
S. FAIRERS NA	Henry Sampso	n		Mary?	WE	
	Tour ? Composition			mers y ;		
. Was Deceas	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	wn) (If yes, give wor or dote	a or service)	SECURITY NO.	Mrs. Nellie Sa	mpson 1124	Etting Street
yes	MMT					
1B. 15	IXI		CAUSE O	FDEATH		ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY	("			
(This dees	LEADING TO DEATH	duine en	(A) C	C () cm a	54	
	nat mean fhe mode of e, asthenia, etc. It means			1.	7	
injuly ar co	omplication which caused	deofh.)	The	50	. 1	
	ANTECEDENT CAUSES		DUE TO	and the contract	Colly	***************************************
DISEASES	OR CONDITIONS, if	any, giving	2 0	127	171	·
	fhe abave cause (A)	slafing the	(C) NE	25/4)11 loh	ung sond	local
UNDERLYII	NG CONDITION last.				ı	
-	11					
OTHER SIG	DEATH BUT NOT RELA	ONTRIBUTING	G F			
DISEASE O	R CONDITION CAUSING I	T.				
19A. DATE O	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	BUTING CAUSE OF		PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact location)
DEATH (not	ify medical examines	etc.		not stogg, itte the order in		
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
S OI HAJORI			ile At Not While		JOK, OCCOK.	
(APPROX)		Wo				1.1.1
22. I certif	fy that (I) (this hospital) attended t	he deceosed from	00.16	19 6 to	NOV Ph 196
that (1) (w	e) lost sow the decease	d olive on	Oct. 2	C 19 65 and +	hat in (my) (aug) or	pinion deoth accurred on the d
						printed deem accorred on the a
		red obove. (I	l) (We) (did) (did not) v	iew the body after deoth.		
23A. SIGNA	PURE	7				23 B. DATE SIGNED
///	1 erment	Aug !	M.D. Atte	mding Med. Director	Stoff Phys.	Nov 3, 196
23C. PHYSIC NAME	IAN'S	1 11	V	23D. ADDRESS	11	1
NAME	TYPE! TR	1 H	4 - 1 M.D.	1200 MS	C1121	5t. R. H.
AA BURLAL G	Dernar	5 116	10,000	1000	-4119 M	105 L. 18- NV
AA. BURIAL CI	(Specify) 24B. DATE	24C. N	AME of CEMETERY of CRE	MAIORY 24D.	LOCATION	City, town, or county) (Stote)
B ur	lal 11/4/6	5 Ba	ltimore Nation	2]	Kalthorase	Monasankando
SA. DATE REC	D BY HEALTH DEPT.	258. NAME C	DE RECOLURAD	25C. FUNERAL DIRECTO	R) Prod	ADDRESS
	VUV 5 1965 (P.D. 1	E starberma	(last of	Shund!	ons I somestes
5 160 BEW 1/3	1/46	Marra .		79-9/10	1 June 2	property for agreed
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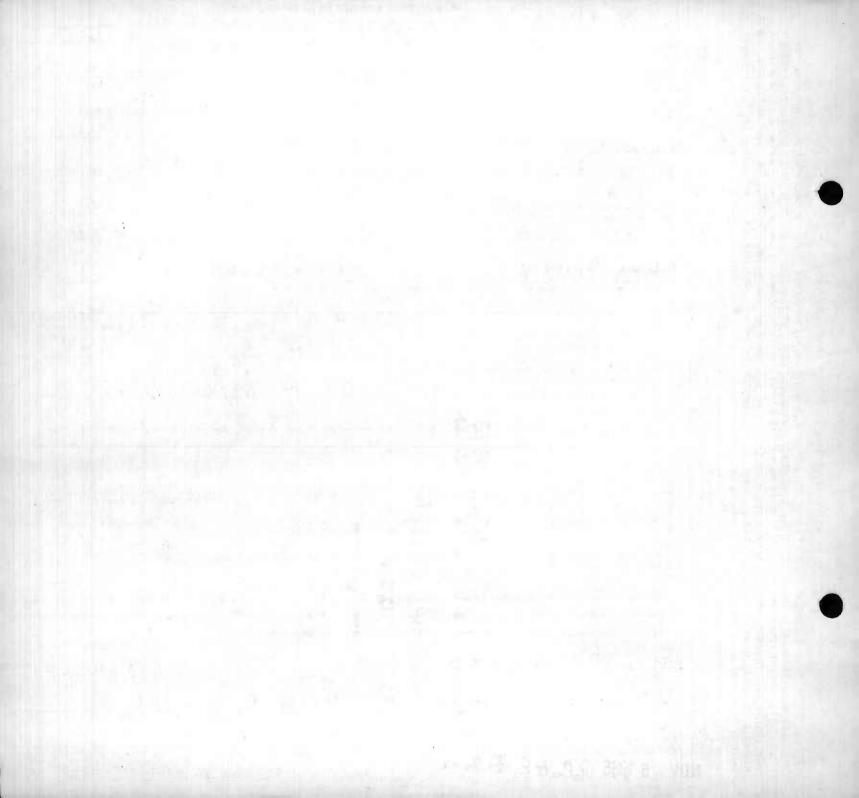


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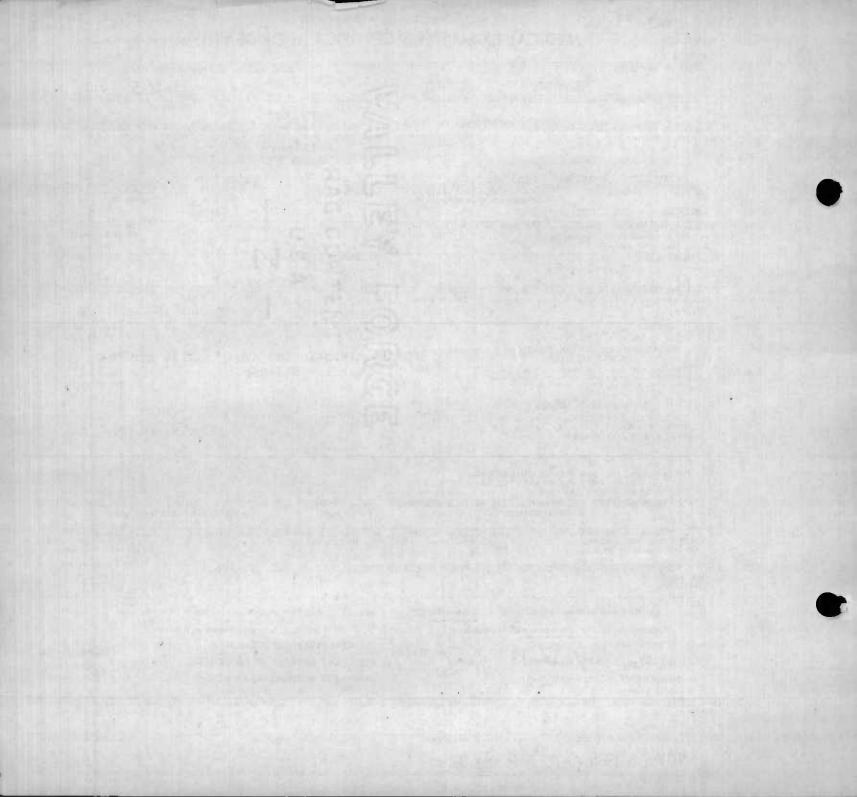
BIRT	н 655	11336 MED	ICAL EX	AMINER'S C	ERTIFICATE OF	DEATH Regist	ered No. 11336
	. CASE NO.	CEACED			In page and	D HOUR PRONOUNG	OFD DEAD
(Ťy į	AME OF DE		TTTMA	NT.			
3. P	LACE IN BAI	SARAH HALI			4. USUAL RESIDENCE (Where	vember 2, 1	stitution: residence before odmission)
					A. STATE Marylan	B. CO	UNTY
HO	L NAME OF	ADDRESS OR LOC	AL OR INSTITU ATION)	JTION, GIVE STREET	C. CITY OR TOWN (If outside	e corporate limits, wri	te RURAL and give township)
INS	TITUTION				Baltimo	re	16-04
V	Univ	ersity Hospit	:al		D. STREET ADDRESS (If rurol,	give location)	100
1				STATE OF THE PARTY	704 N.	Appelton St	•
5. S	EX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost hirthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
fe	male	negro	MAR		6-9-1921	44	
			k TOB. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
L	form most of	working life, eyen if retired)	at 6	Jones	Butoma	NAME OF TAXABLE	USA
13.1	ATHER'S NA				14. MOTHER'S MAIDEN NAM	E	
		ED EVER IN U.S. ARMEI		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 14
(163	10	in the year, give wor or got	9	15-77-1701	water List	man 70	ry wappleton So
	1B.	5.2	57)	CAUSE	OF DEATH		INTERVAL BETWEEN
3	95	3,91					ONSET AND DEATH
	DISEA	ASE OR CONDITION D LEADING TO DEAT		Bronc	hopneumonia		THE RESERVE OF THE SECOND
	(This does	not mean the made of	dying, e.g.,	DUE TO epi	lepsy and cerebr	al infarct	
	injury or co	e, osthenio, etc. It meon omplication which coused	deoth.)	•	r y g cerepi	ar intarce	
		ANTECENDENT CAUS	ES	(0)			
		OR CONDITIONS, IF		DUE TO	••••••		
		ING CONDITION LAST.		(0)			
O				(0)	*-4******-00**00***********************		
Į.	OTHER SIG	II SNIFICANT CONDITIONS	CONTRIBUTION	NG			
FIC	TO THE	DEATH BUT NOT RE	LATED TO T		tamorphosis of t	he liver	
CERTIFICATION		F OPERATION 198. COI		WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	
	2				yes	yes	
O	UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street, o	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City,	give exact location)
Σ	21D TIME	(Month) (Doy) (Yes	or) (Hour) 2	TE. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
	(APPROX.)		m. V	VHILE AT NOT	WHILE		
	22.						District Control
		rtify that I held on				is basis, deoth In	
	rest	Ited from: Notural co	uses X A	Suicid			ner
	ACTU	1/12	1181.		CHIEF MEDICAL EX		DATE SIGNED
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	EXAMI		ar Brait	anackar N D	ASSOCIATE MEDICAL E	XAMINER	11/3/65
23.A	NAME . BURIAL CR			enecker, N.D.	CREMATORY 23D 1	OCATION (Cit	ly, town, or county) (State)
	10VALUSpec		11 0- 23	The CENTELEKT OF	CA 40 23 D. L	OCATION (CIT	y, town, or contrar
'	Jun	11/6/	63	po un	13	men m	
24A	. DATE REC'I	BY HEALTH DEPT.		OF REGISTRAR	24C FUNERAL DIRECTOR	011	ADDRESS
	NOV	5 1965 (P.O.	- F 4 4	To Chew Milk	markan	7 Days	138111



V\$ 150-REV. 1/1/65



65 11338 BALTIMORE CITY HEA	LITH DEPARTMENT 65 11338
	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
BLANCHE GILES	11/1/65 8:05 p. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where doceosed lived, If institution: residence before edmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
HOSPITAL OR ADDRESS OR LOCATION)	
	Baltimore D. STREET ADDRESS (If rurol, give locotion)
Maryland General Hospital	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	1824 W. Lexington St.
female colored WIDOWED, DIVORCED(specify)	Nov 3-1911 lost hirthday Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	IY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Homemohn & Home	CHESTER VIL USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
OHOMAS GILES	SISSZEY AEATHERTON ADDRESS ADDRESS ASSE GILOS ISOYULE PINETON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO	HESSE GILDS 1824 WLEDINGTON
18. // 4 3 4 , CAUSI	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
(This does not meen the mode of dying, e.g., heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	vascular disease
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimoro City, give exect location) office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED (APPROX.)	WHILE WORK
22.	
	and that on this basis, death in my opinion
resulted from: Notural couses X Accident Suicident	
ACTUAL JAUSSIE IN SITE	CHIEF MEDICAL EXAMINER DATE SIGNED
	ASSOCIATE MEDICAL EXAMINER 11/2/65
EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) 61/6/1965 autontur ?	new fx asterition Bathome 21227
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
NOV 5 1965 Robert E. Farley M.	mas four tellanges 638 NGa man Se
TOUS UNITED E. Markey	of the state of th



BIRTH NO. 65	11270	BALTIMORE CITY HEAI CERTIFICATE		Registered No.	65 11339
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)			2. DATE AN	ID HOUR OF DEATH	, 3 .2.2.00
loth. then	SEPETH, Willia			7, 11.3	6.35A
3. PLACE OF DEATH IN BALTIMOR	E, MARYLAND	4. U. A. ST		re deceased lived. If in	nstitution: residence before odmission
FULL NAME OF (If not in he	spital or institution, give stre	eet	MD	0	1-54
HOSPITAL OR oddress or INSTITUTION			TY OR TOWN (If out	Iside city limits, write	RURAL ond give tow(ship)
. /	0 11.	. A	Baltimore		•
The Union Me.	morial Mospi	D. 51		rural, give location)	
		4	.000 Hamilt	on Ave, A	7
5. SEX 6. RACE	7. MARRIED, NEVER WIDOWED, DIVO	BCED (enecify)		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
male White	marrie	1	190.2.6.	75	Total San
10A, USUAL OCCUPATION (Give kind	of work 108, KIND OF BUSIN	ESS OR INDUSTRY 11. BI	RTHPLACE (State or forei	gn country)	12. CITIZEN OF
done during most of working life, even if r A Chauffeur	elired)	Transfer	Unvel Con	1-36	WHAT COUNTRY?
13. FATHERS NAME	Davidson		OTHERS MAIDEN NAM		MADOTEC
	ledgepeth. (a			-	,
	0 1	· · ·	Martha	(dead	·
15. Was Deceased Ever in U. S. And (Yes, no or unknown) (If yes, give wor	or dotes of service) 1 6. SO	CIAL CURITY NO.	FORMANT		ADDRESS
No	212	-09-5659 L	illian M.H	edgepeth-	4000 Hamilton A
18. 3.2 / V		CAUSE OF DEA			INTERVAL BETWEEN
DISEASE OR CONDITIO	N DIRECTLY				ONSET AND DEATH
LEADING TO D	EATH	(A) DI	issible strope	۷,	
(This does not meon the ma		DUE TO			
injury or complication which of			dized arthriso dize	1 4 11/201	Prac
ANTECEDENT CA	AUSES	(B) gener	lijed anthiose	Cerolic Ours	
DISEASES OR CONDITIONS	if any aivina	DUE TO #	dist	use c CV/	Т.
rise la lhe obave cause	(A) sloting the	(C)		*************************************	
UNDERLYING CONDITION IO	sl.				
z II					
OTHER SIGNIFICANT CONDITION	RELATED TO THE				
DISEASE DR CONDITION CAU		OREDATION 120	A. AUTOPSY? (Yes or No	200 15 455 14505	THE PROPERTY OF THE PROPERTY O
	S PERFORMED	OPERATION 20	A. AUTOPST? (Tes or INg	IN CERTIFYING CA	FINDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLY	INC TO THE PLACE	OF INJURY (e.g., in or ob	- MOIC WHERE DID	06 : 5 16	
OR CONTRIBUTING CAUSE C	home, farm,	foctory, street, office blo		tit in baltimor	e City, give exoct locotion)
DEATH (notify medical examiner)	etc.)				
OF INJURY (Month) (Day)	(Year) (Hour) 21 E. INJUR	YOCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX)	While At Work	Not While			
22 1 16 11-1 (1) (1) - 1-			/ 2 2	19 65 to Ma	003 1965
22. I certify that (I) (this ha					
that (1) (we) lost sow the de				ot in (my) (our) opi	inion deoth occurred on the do
ond hour ond from the couse	s stoted obove. (1) (We)	(dld) (did not) view th	e body ofter death.		
23A. SIGNATURE				Part of the	23B. DATE SIGNED
Pyoung S	of twon	M.D. Attending Phys.	Med. Director	Staff Phys.	100 3 , 1965
23C. PHYSICIAN'S PYOU	NG II KWON.		DDRESS UNION M	TEMORIAL H	JOSPITAL
NAME (Type)	UNG - IL KW	ON M.D.	The Union	Monori	Hospital
24A. BURIAL CREMATION, 24B. DA	TE 24C NAME of	CEMETERY OF CREMATO	RY 1240 14	OCATION (C	ity, town, or county) (State)
REMOVAL (Specify)			2.5. [(DEATHOR (C	in, iown, or county, tateler
Burial 11/		ridge Mem.	Park Ho	ward Co.	Maryland
25A. DATE REC'D BY HEALTH DEPT		STRAR 25	C. FUNERAL DIRECTOR		ADDRESS
	0 0 C L. II.	4 P	obert C. A	Itenburg	6009 Harford F
NOV 5 1965 R	But E. tarber	mr B	c. FUNERAL DIRECTOR Obert C. A Uneral Hom	ltenburg e, Inc.	6009 Harford I

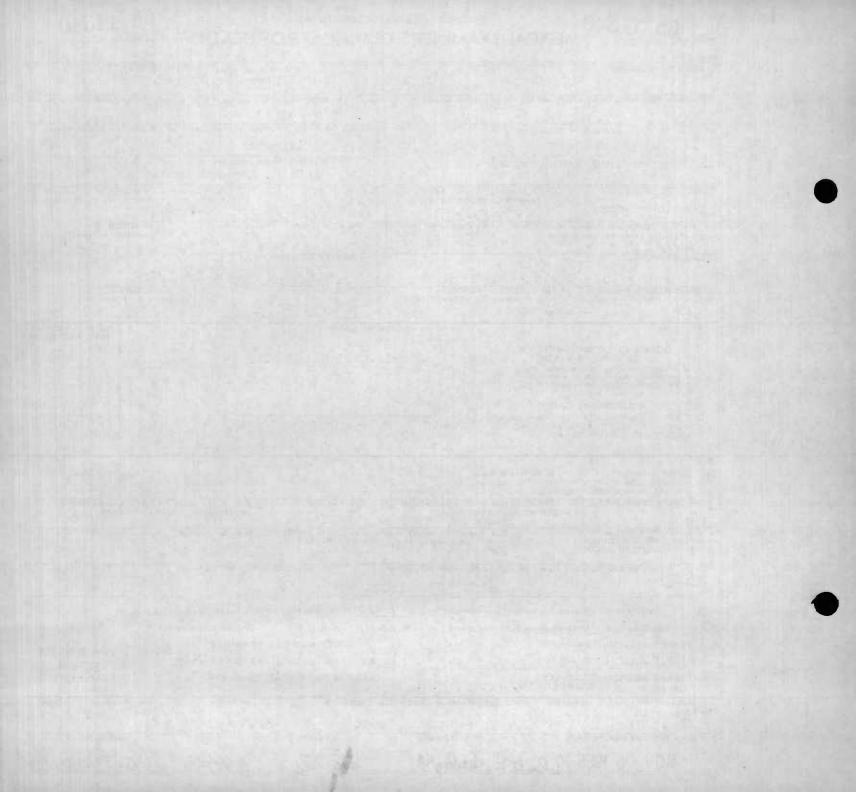
NOV 5 1965 VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR Robert C. Alte Funeral Home,

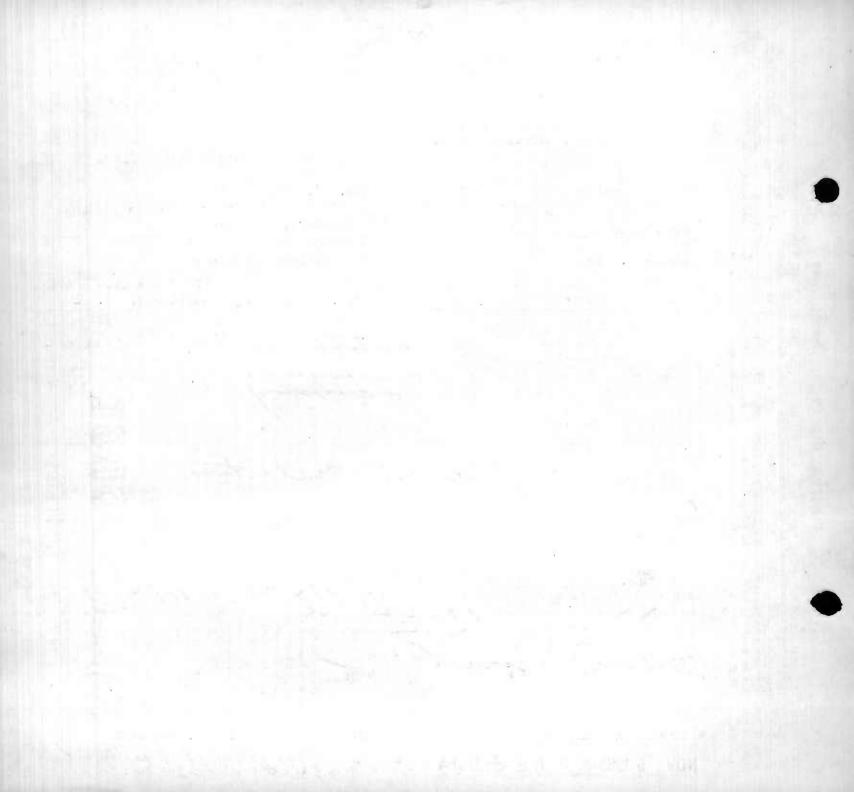
THE CALL PICTURE INCIDENT THE INCIDENT TO STREET

65 11340

BIRTH NO.	WED	ICAL EX	AMINER'S CI	ERTIFICA"	TE OF I	DEATH Registe	red Na	LOVEO
M.E. CASE NO.	PEASED				2 DATE AM	D HOUR PRONOUNC	ED DEAD	
(Type or Print)	LUCI	LLE	JACKSON	1		ember 4, 196		7:50 A
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOUI	NCED DEAD	4. USUAL RESID	ENCE (Where	deceosed lived. If inst	itution: residence	e before odmission)
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION. GIVE STREET	Ma Ma	aryland			
HOSPITAL OR	ADDRESS OR LOCA	(TION)				e corporate limits, write	RURAL ond g	jive township)
6 01	1			D. STREET ADD	ltimore		01	
Churc	h Home and Ho	ospital				ombard Stre	et	
5. SEX	6. RACE	7. MARRIED, P	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years lost birthday)	If Under 1 1	Yr. If Under 24 Hrs.
Female	Negro	WIDOWED, D	RIE (Specify)	April 1.	8,192	7 lost birthdoy)	Months Doy	ys Hours Min.
	JPATION (Give kind of work working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	IV. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN C	OF OUNTRY?
13. FATHER'S NAM	REL			16 ECHES	ster (b, 181d.	4.	54
1,		5:11:00	<	14. MOTHER'S M	C IC	Tooks	0.7	
	D EVER IN U.S. ARMED	FORCES	16. SO CIAL	17. INFORMANT	3310	JACKSE	ADDRESS	
(Yes, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.	Ecci	- 12	1.	a. hein	lan 11/
118.			CALISE	OF DEATH	= OHN	PER CAS	MOC.	TERVAL BETWEEN
9/0			CAUSE	OF BEATT				SET AND DEATH
	SE OR CONDITION DI LEADING TO DEATH		(A) Sickle	e Cell Dis	sease.			
(This does the ort foilure,	not meon the mode of osthenio, etc. It meons mplication which coused	the disease.	DUE TO	received the even	••			
injuly or col	inpirconon which coused	de om.						
	OR CONDITIONS, IF A		(B) DUE TO					
RISE TO TH	E ABOVE CAUSE (A) ST	TATING THE	DOE 10				3000	
	TO SOMETHION EAST,		(C)	***************************************				
OTHER SIG	II							
OTHER SIG	NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO TH						
	OPERATION 198, CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY	? (Yes or No)	208, IF YES, WERE FIL	NDINGS CONS	SIDERED
0 2	WAS PER	FORMED		Yes		IN CERTIFYING CAUS		
	L CAUSE WAS	21 B. P.	form, foctory, street, o	in or about 21C. V	WHERE DID	(If in Boltimore City, gi	ve exoct locoti	on)
B UTING □ CAU	SE OF DEATH.	etc.)						
21D TIME OF INJURY	(Month) (Doy) (Year	r) (Hour) 21	E. INJURY OCCURRED	21 F. H	OW DID INJU	JRY OCCUR?		
(APPROX.)		m. W	HILE AT NOT AT W	WHILE ORK				
22.	tify that I held an I	nauiry	Inspection Aut	opsy X and	d that on thi	is basis, death in m	ny apinian	
	ted fram: Natural ca		ceident Suicide		-	Indetermined manne		
						AMINER		
ACTUAL		711.11	elly us	ASSISTANT M				DATE SIGNED
EXAMIN	rnic	C D		ASSOCIATE M				11/4/65
NAME (Type) Charle	s S. Pet			lee F			
REMOVAL (Specify		1 - 230	NAME of CEMETERY o	CREMATORY	23D. L	OCATION (City,	town, or count	ty) (Slote)
BURI	06 11/8	165	LINAS KE	110	10.	echester (0.	10.
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME C	OF REGISTRAR	24C. FUNER	AL DIRECTOR	20.1	ADD	RESS
NOV	5 1965 1	3.68.	tarber Mit	Steh	cick C	PALAN	Camit	ridge, Ma
VS 151-REV. 1/1/	65			0 0 0	13 m	10		1

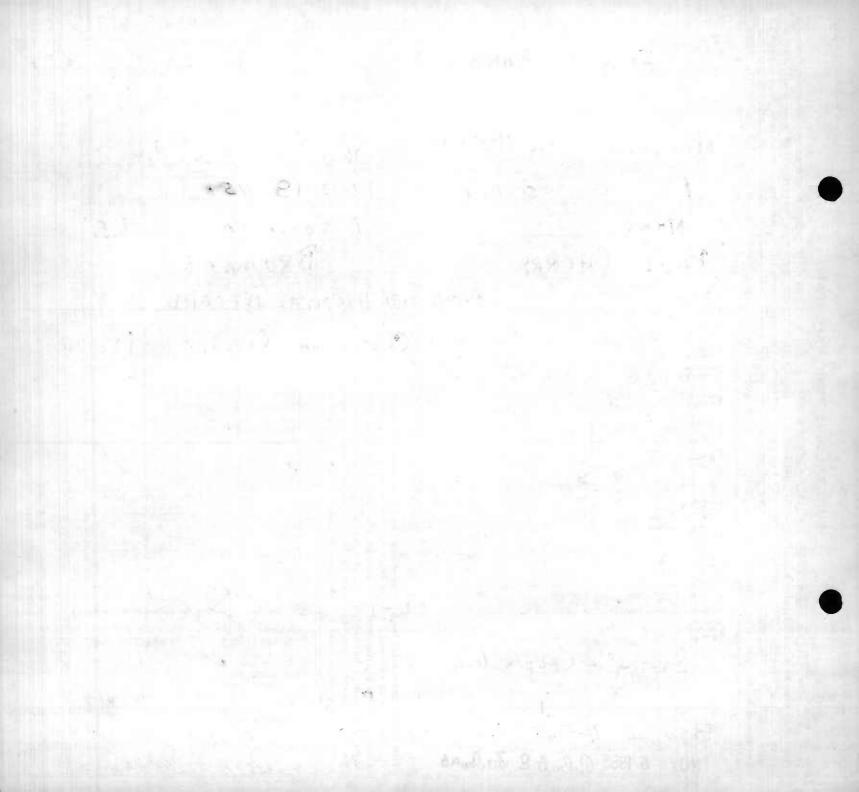


VS 150-REV. 1/1/65



BIRT	H NO.	MEDI	CAL EX	CAMINER'S CI	ERTIFICA	TE OF	DEATH Registe	red No	
-	. CASE NO.								
Typ	IAME OF DE	BERTHA HA	RRIS				2, 1965	ED DEAD	1:25 P
3. P	LACE IN BAL	TIMORE, MARYLAND, W			A. STATE	eryland	deceased lived. If inst B. COU	itutian: residence	e befare admission
HO	L NAME OF	ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET	C. CITY OR TO		e corporate limits, write	RURAL ond gi	ve township)
1	Prov	vident Hospita	AM	FIDEL	D. STREET ADD			20	9
1				2, 4, 00		2233 Mad	lison Ave.		
5. \$	emale	6. RACE negro		NEVER MARRIED DIVORCED(specify)	Jan. 2	1	9. AGE (In years last birthday) 28	If Under 1 Y Manths , Oay	r. If Under 24 Hrs.
	during most of	warking life, even if retired)		BUSINESS OR INDUSTRY			gn country)	12- CITIZEN CONTACT	DE DUNTRY?
13. F	ATHER'S NAM				14. MOTHER'S N	ALDEN NAM	E		
	Joh	n Call	1/		Ber-	+60	Harri		
		ED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	7 9			
	34	(If yes, give wor or date	s of service)	SECURITY NO.	Fami.	1	419 /	Woshe.	2 St.
	1B.	81.0).	21/11/19	CAUSE	OF DEATH		7 1 1 1 1 1	INT	ERVAL BETWEEN
	DISEA	SE OR CONDITION DI							
	(This does	LEADING TO DEATH not mean the mode of			ty liver	***************************************	***************************************		
	heart failure	, asthenia, etc. It means mplication which caused	the disease.	DUE TO					
	,,	The state of the s							
		ANTECENDENT CAUSE		(B) DUE TO					
	RISE TO TH	OR CONDITIONS, IF A	ATING THE	DUE TO					
2	UNDERLYI	NG CONDITION LAST.		(C)					
ō		lł .							
ERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT REL	ATED TO T	HF .	nancreat	itia			
CERTI		F OPERATION 198, CON WAS PERI	DITION FOR V		20A. AUTOPS		20B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONS	
U	UNDERLYING	L CAUSE WAS	home,	PLACE OF INJURY (e.g., form, factory, street, a			7		in)
	- 10	JSE OF DEATH.	etc.)						
	OF INJURY (APPROX.)	(Manth) (Day) (Year	v	HILE AT NOT YORK AT W	WHILE	OM DID INT	JRY OCCUR?		
	22.				-	1.1			
		tify that I held on I					is bosis, deoth In m		
	resu	Ited from: Notural cou	ses X A	ccident Suicide			Undetermined manne	er	
	ACTUA	1/1/	n. H.	7.()	CHIEF	EDICAL EX	CAMINER	D	ATE SIGNED
	SIGNAT		a w	1 COC M.D.	ASSISTANT M	EDICAL EX	AMINER X	11-3-65	
	EXAMIN NAME (Breiten	ecker, M.D.	ASSOCIATE A	MEDICAL E		3 03	
	BURIAL CRE		236	C. NAME OF CEMETERY .	CREMATORY	23 O. L	OCATION (City,	town, or county	y) (State)
A LA	Purial	Nov 7	1965 H	broken Me	ráler Con	600	chland		Vo
24A		BY HEALTH DEPT.	24B. NAME	OF REGISTRAR		AL DIRECTOR	1011-1	> ADDR	ESS
		- 4005 0 -	07	0	511	-	(11)	111	1 /1
_	NOV	5 1965 R.C.	48. Fa	Steel M. B.	241/18	CATUME	ral Home- No	ArlingT	outtre
VS	151-REV. 1/1/	65				1			

BIRT	H NO, 65 44	RAR CERTIFICA	TE OF DEATH	Registered No.	5 11343		
	AME OF DECEASED	040		ND HOUS OF BEATH			
(Тур		RBEE (FAR	Apee)	11-1-65	titulion: residence before admission)		
3. 1	TACE OF DEATH IN BALLIMOKS MAKILAND		A, STATE B. COU	NTY	filulion: residence before odmission)		
- 1	CULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) NSTITUTION	ion, give street	C. CITY OR TOWN (IF .	utside city limits, write RU	JRAL and give township)		
/			13A2TO.				
h	NONTEBELLO STATE)	tosPITAL	16 18 DRU	1D HILL A	IVE		
5. \$	WIDO	NED, NEVER MARRIED DWED, DIVORCED (specify) ARATED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
toA	USUAL OCCUPATION (Give kind of work 10B, KINI		11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF		
doni	No N F		N. CAROL	INA	WHAT COUNTRY?		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
10	PAUL CHERRY		BRU	NNER			
(Yes	Was Deceased Ever in U. S. Armed Forces? ino arunknown) (If yes, give war or dates of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
1	Vo	240-16-2181	HOSPITAL	KECORD			
	18. / 7 / X I	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ERVIX	IYEAR				
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	e.g., DUE 10		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1101105		
	ANTECEDENT CAUSES	(B)		3 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
	DISEASES OR CONDITIONS, if ony, giving						
h	rise to the above couse (A) stoling UNDERLYING CONDITION lost.						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?		
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, off etc.)	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)		
-	21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?			
×	OF INJURY (APPROX)	White At Not While At Work					
	22. I certify that (1) (this hospital) attend	ed the deceased from	5-10	19 65 to	11-1 1965		
	that (1) (we) lost saw the deceased alive	on	19 6 5 ond t	hot In (our) opini	ion deoth occurred on the dote		
	ond haur and from the couses stated abov	e. (I) (We) (did) (did not) vi	iew the body ofter death.				
	23A. SIGNATURE -	+ 40 40	- Man	//	23B, DATE SIGNED		
	Droing & Cooper	allem Phys		Stoff Phys.	11-1-65		
	NAME (Type) Trving L. Coo		MONTEBELL	STATE	HOSPITAL.		
24A	BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION (City	, lown, or county) (State)		
-	BURIAL 11-5-65	MT. Hubur	N 1	DA TTO	Md.		
25A	DATE REC'D BY HEALTH DEPT. 25B, NAI	ME OF REGISTRAR	25C. FUNERAL DIRECTO	2 - 10-	ADDRESS		
VS	NOV 5 1965 Robert 8.	Jarbennie	MORTON IL	yell 1701	LAUrens		



and

hospital

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs. Hours

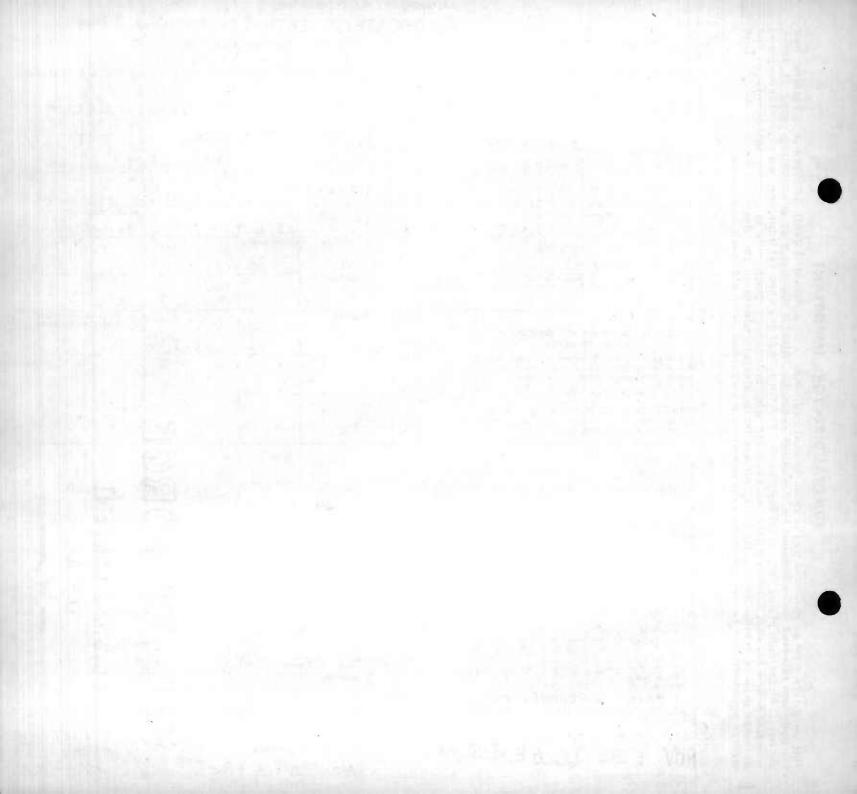
WHAT COUNTRY?

AMERICA

ADDRESS

ONSET AND DEATH

1965

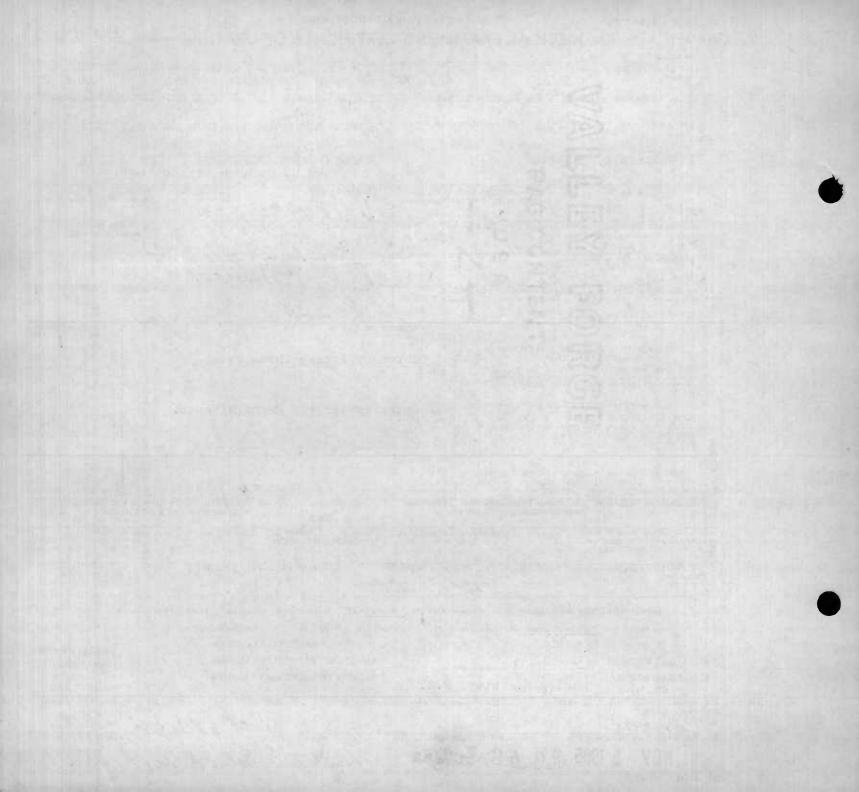


| 65 11345 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No. 65 11345
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) CHARLES THOMAS	S 2. DATE AND HOUR PRONOUNCED DEAD NOVEMber 3, 1965 10:32 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. STATE Maryland C. CITY OR TOWN (Il autside carporate limits, write RURAL and give Idwaship)
	Baltimore
University Hospital	D. STREET ADDRESS (If rurol, give lacation)
	408 N. Calhoun Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr.)f Under 24 Hrs. Months, Doys : Hauts , Min.
Male Negro WIDOWED, DIVORCED(specify)	August 1935 lost birthdny Months, Doys Haurs, Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	
done during most al warking life, even if retired)	TRYYN. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Laborer	1 Dici,
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Glarac Hickes	atta Manuel
15. WAS DECEATED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) Uf yes, give wor or dotes of service) SECURITY NO,	17. INFORMANT ADDRESS
The state of the s	P. dal
M8.	Well-Tar
10. 420. I	ISE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	A , 917 1 4
I This does not make the mode of difference (A)	onary Artery Thrombosis
hear lailure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	
All by di compression which coused decime.	
ANTECENDENT CAUSES (B) Arte	eriosclerotic Heart Disease.
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Yes Yes
	g., in or about 21C. WHERE DID (If in Baltimore City, give exact location) , affice bldg., INJURY OCCUR?
☐ UTING □ CAUSE OF DEATH.	, dince sidge, in sort occor.
21D TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
OF INJURY	OT WHILE
m. WORK AT	WORK
22. I certify that I held an Inquiry InspectionA	Autapsy X and that an this basis, death in my apinlon
resulted fram: Natural causes X Accident Suic	Ide Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL (())	ASSISTANT MEDICAL EVANINED X
EXAMINER'S NAME (Type) Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER
23A, BURIAL CREMATION, 23B, DATE 23C, NAME of CEMETER	Y or CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOYAL (Specify)	Dh She + M
Kimoni	Joery Mount 11, C.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
NOV 5 1965 Role & Farbenna	Moles & Glieber 11997 Part
	WINK COUNTERS II MINING TO SERVERS

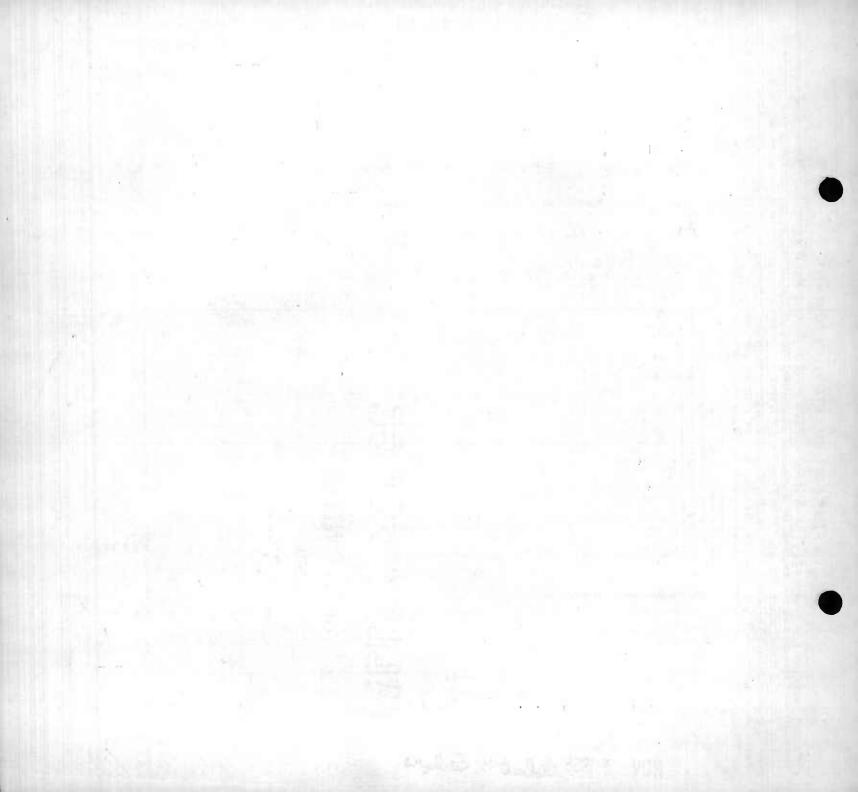
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Miltre E. Elickson 1129 M. Cantin ST



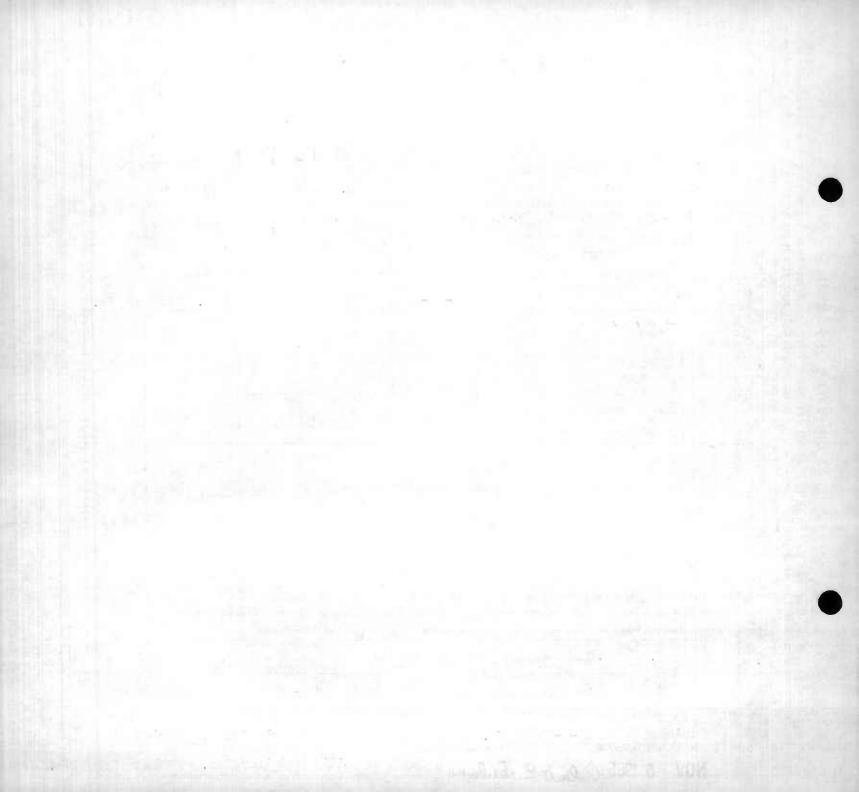
NAME OF D			ATE OF DEATH		65 11346		
				ND HOUR OF DEATH			
PLACE OF	FANNIE SPEA	ADMAN		-3-65			
FLACE OF L	DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Who	ere deceased lived. If	institution: residence belare admissi		
F1111 N. A. A. A.	or Waste besited	and the salar at t	A, STATE B. COUI	NIT	8-07		
HOSPITAL O	R address or location	or institution, give street	C. CITY OR TOWN (IF or	staide city (imits, write	RURAL and give township)		
^		10.3/	BALTIMORE				
1244 NORTH BROADWAY BALTIMORE, MARYLAND			D. STREET ADDRESS ((f rurol, give location)				
BALI	THORE, MARYLA	AND	1244 NORTH	BROADWAY			
SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months: Doys Hours: Min.		
F	C	SEP	3-6-00	65			
	CUPATION (Give kind of wor of working life, even if retired)	108 KIND OF BUSINESS OR INDUSTR	Y 11, BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?		
DIA.	1001111110		Frutten	10. 20.0			
3. FATHER'S N	AME		14. MOTHER'S MAIDEN NA	ME			
EVA	NDER MC MILL	A NI	EMMA MC NAIR	2			
	sed Ever in U. S. Armed Fo	***	17. INFORMANT	*	ADDRESS		
es, no or unkno	wn) (If yes, give was or dat	es of service) SECURITY NO.		P,			
		215-24216		Alarma	ne		
1B. / 7	5.01		OF DEATH		ONSET AND DEATH		
DISE	ASE OR CONDITION DI LEADING TO DEATH		0 - 1 0				
(This does	not mean the made of	(A)1_T	sparce fail	ww			
heoil foilui	e, osthenio, etc. It meons	s the disease,	V	1 00	1 0		
injuly of C	ANTECEDENT CAUSES		indiconchema, R	robably of	varie 6 month		
DICEACEC		DUE TO		7			
	OR CONDITIONS, if the obove couse (A)			V			
UNDERLY	NG CONDITION lost.						
	II.						
	DEATH BUT NOT REL						
	OF OPERATION LINE COL	IT. NDITION FOR WHICH OPERATION	120A AUTOPSY2 (Yes or N	a) 208 IF YES WERE	SINDINGS CONSIDERED		
19A. DATE		REFORMED	No	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?		
21A. ACCI	DENT WAS UNDERLYING	218. PLACE OF INJURY (e. d.		(If in Boltimo	re City, give exact location)		
OR CONTR	DENT WAS UNDERLYING [IBUTING CAUSE OF tify medical examiner)	home, larm, foctory, street, etc.)	office bldg., INJURY OCCUR?		,,,		
			215 110 111 017 111	IIIAY OCCUPA			
J	(Month) (Day) (Year)	(Hour) 21E INJURY OCCURRED	21 F. HOW DID IN	JUKT OCCUR!			
21D. TIME OF INJURY		While At - Not WI					
21D. TIME		While At Not Will Not	hite	1			
21D. TIME OF INJURY (APPROX.)	fy that (1) (this hospita	Work At Work	hite 🔲	19 10	6519		
21D. TIME OF INJURY (APPROX.)	fy that (1) (this hospita	Work At Work	hite	1			
21D. TIME OF INJURY (APPROX) 22. I certified that (I) (w	ify that (1) (this haspita	Work At Work At Work	hite hite 19 ond 1	hot in (my) (out) of			
21D. TIME OF INJURY (APPROX) 22. I certified that (I) (w	ify that (1) (this hospita re) lost sow the deceas and from the causes st	Work At Work	hite hite 19 ond 1	hot in (my) (out) of	pinion deoth occurred on the o		
21D. TIME OF INJURY (APPROX.) 22. I certified that (I) (would have	ify that (1) (this hospita re) lost sow the deceas and from the causes st	work At Work At Work	19 ond the view the body ofter death.	hot in (my) (our) of	238. DATE SIGNED		
21D. TIME OF INJURY (APPROX.) 22. I certifort (I) (wond hour 23A SIGNA	fy that (1) (this haspitate) lost sow the decease and from the causes statute.	work At Work At Work	19 ond the view the body ofter death.	hot in (my) (out) of	olinion death occurred on the		
21D. TIME OF INJURY (APPROX.) 22. I certified that (I) (wond hour case)	fy that (1) (this haspitate) lost sow the decease and from the causes statute.	work At Work At Work	19 ond to view the body ofter deoth. Itending Med. Director 23D. ADDRESS	hot in (my) (our) of	238. DATE SIGNED		
21D. TIME OF INJURY (APPROX.) 22. I certified that (I) (wond hour can be considered as a second as a	ify that (1) (this hospitalize) lost sow the decease and from the couses statute. CIAN'S (Type) LLIP BURKE.	work At Work At Work	19 ond the view the body ofter deoth. Attending Med. Director 23D. ADDRESS THE JOHNS HOP	Stoff Phys. PKINS HOSP I	238. DATE SIGNED 11-4-65		
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FUNERAL DIRECTOR: IMPORTANT



IMPORTANT

FUNERAL DIRECTOR:



65 11348	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NOT MIN WILLIAM	W. BURFGERTIFICA	TE OF DEATH	Registered No.	5 11348
I. NAME OF DECEASED	URFORD SR.	2. DATE AN	D HOUR OF DEATH	11 225AN
3. PLACE OF ORALH IN BALTIMORE MARYKAN		4. USUAL RESIDENCE (When	e deceased lived. If insti	tution: residence before odmission)
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location)	itution, give street	C. CITY OR TOWN (If out	side city limits, write RUI	RAL ond give township)
Many and Gener	of AOSS.	Saltmo.	rural, give location)	
Baltinore, 1	d.	1908 G	adel De	e-
() () () ()	ARRIED, NEVER MARRIED	11/28/03	lost birthday)	If Under 1 Yı. If Under 24 Hrs. Months Doys Hours Min.
to a. usual occupation (Give kind of work) 108, Kind on work of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	BATHPLACE (Stote or forei	e And	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	wford.	14. MOTHER'S MAIDEN NAM	Wallac	e_
15. Was Deceased Ever in U. S. Armed Fotces? (Yes, no or unknown) (If yes, give wor or dates of s	16. SOCIAL SECURITY NO. 319-05-4693	17. INFORMANT	Chant	ADDRESS
18. 162.11	CAUSE O	FDEATH	N 1	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLE LEADING TO DEATH	(A) (r)	may Caremon	e of lung	-
(This does not mean the mode of dying heart foilure, asthenia, etc. It means the dinjury or complication which caused death	iseose,	netostasis t	o Pelvis 4	
ANTECEDENT CAUSES	(B) DUE TO	Pine.	j	
DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating UNDERLYING CONDITION last.		hamman ha ha a a a a a a a a a a a a a a a a		
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMS 21A. ACCIDENT WAS UNDERLYING	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF tNJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID	(If in Boltimore C	ity, give exoct locofion)
21D. TIME (Month) (Doy) (Year) (Hot OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this hospital) atte	1111	1	9 6 J to	11/4 191
ond hour ond from the couses stated of	·		ot in(my) (our) opinio	on death occurred on the date
23Å. SIGNATURE	1	ending Med.	Stoff Phys. 2	3B. DATE SIGNED
23C. PHYSICIAM'S NAME (Type)	1 1	Mary Jane	GENER	rul Hospita
BUNIAL CREMATION, 24B. DATE BUNIAL (Specify) 11/28/03	NEW Cathed		cation (City,	town, or county) (Stole)
25A. DATE REC'D BY HEALTH DEPT. 258, N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	acoul House	4104 Likeus Aus
VS 150-REV. 1/1/65	, tackey M.	11400470 201	offal Home	4104 Wilkens Aus

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BIRTH 65 11349 MET	BALTIMORE CITY HE	CERTIFICATE OF DEATH R	65 11349
M.E. CASE NO.	NCAL LAAMIIALK 3 V	CERTIFICATE OF DEATH.	91310100 1101
1. NAME OF DECEASED Type or Print) RUSS	ELL COLE	2. DATE AND HOUR PRON	
3. PLACE IN BALTIMORE, MARYLAND,		4. USUAL RESIDENCE (Where deceased lived A. STATE Maryland	. If institution: residence before admissi B. COUNTY
HOSPITAL OR ADDRESS OR LOC NSTITUTION		C. CITY OR TOWN (If autside carparate limit Baltimore	ts, write RURAL and give township)
South Baltim	ore General	D. STREET ADDRESS (If rurol, give locotion) 3917 Stokes Drive	21230
male white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH APRIL 19, 1900K	yeors If Under 1 Yr. If Under 24 H
IOA, USUAL OCCUPATION (Give kind of widone during most of working life, even if retired MACHINIST 3. FATHER'S NAME		PENNSYLVANIA 14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
JUDSON CO		MARGARET????????	ADDRESS
Yes, na or unknown) (If yes, give war or do	security no. WXXX I UNKNOWN	MAE COLE 3917 STOKES	
ANTECENDENT CAU DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST	ANY, GIVING DUE TO		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT I DISEASE OR CONDITION CAUSIN	RELATED TO THE		
19A. DATE OF OPERATION 19B. CO		20 A. AUTOPSY? (Yes or No) 20 B. IF YES, W	VERE FINDINGS CONSIDERED G CAUSES OF DEATH? YES
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g home, farm, foctory, street, etc.)	,, in or obout 21C, WHERE DID (If in Boltimore affice bldg., INJURY OCCUR?	City, give exact lacotion)
7	900) (Haur) 21E. INJURY OCCURREI WHILE AT NO MORK AT	21F. HOW DID INJURY OCCUR?	ALC: NO.
22. I certify that I held on resulted from: Natural c		ond that on this basis, dea	
ACTUAL SIGNATURE EXAMINER'S Rudiger	1	CHIEF MEDICAL EXAMINER D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED
NAME (Type) REGISER 3A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME of CEMETER	OF CREMATORY 23D. LOCATION	(City, town, or county) (State)

MA RYLAND ADDRESS

BURIAL 11/6/1965 BALTIMORE NATIONAL CEMETERY

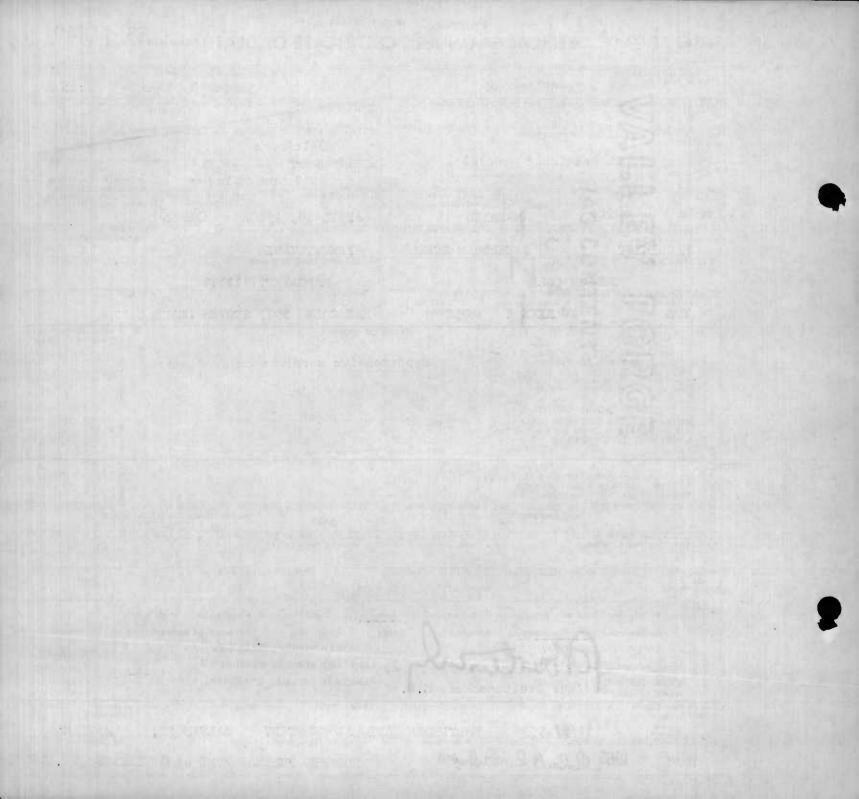
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR

NOV 8 1965 Robert E. Jahren HUBBARD FUNERA

HUBBARD FUNERAL HOME 4107 WILKENS AVE. 21229

BALTIMORE,

VS 151-REV. 1/1/65



IMPORTAN

DIRECTOR:

VS 150-REV. 1/1/65

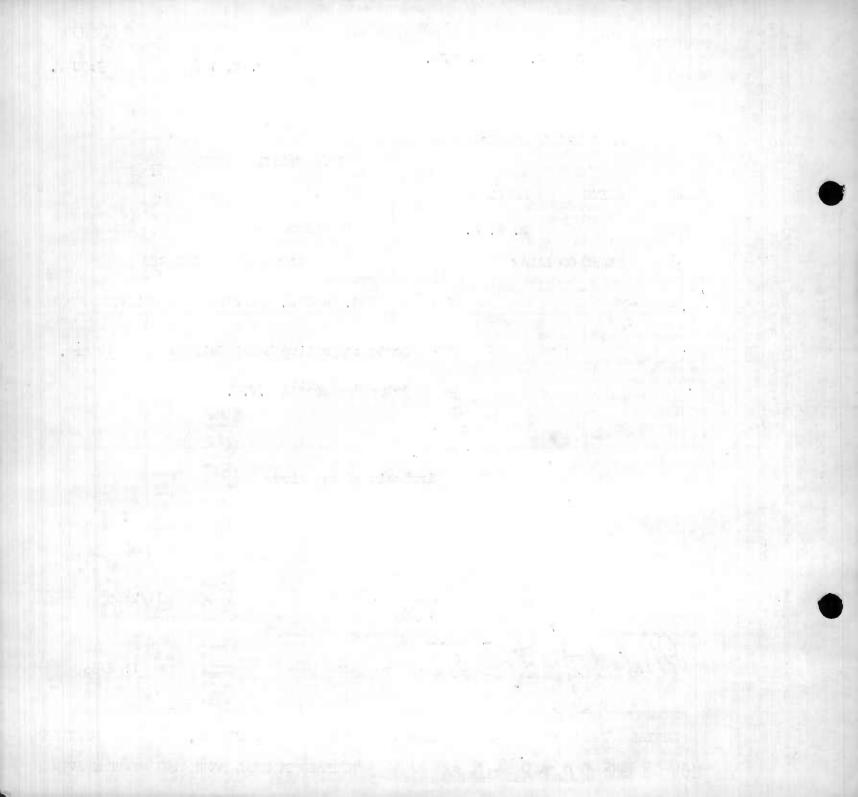
25A. DATE REC'D BY HEALTH DEPT.

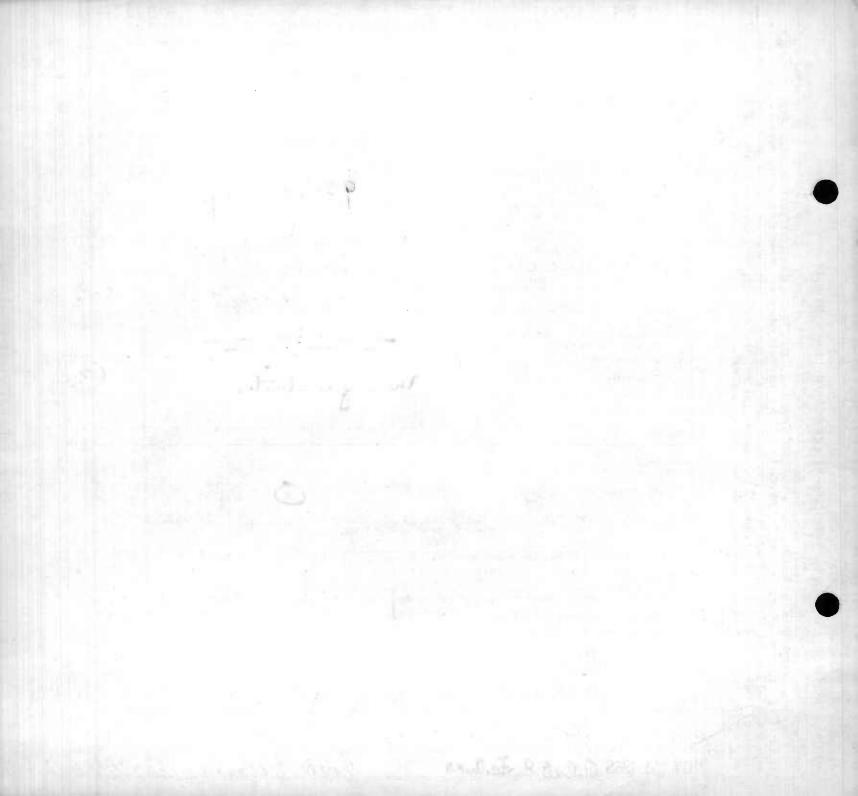
2SC. FUNERAL DIRECTOR

ADDRESS

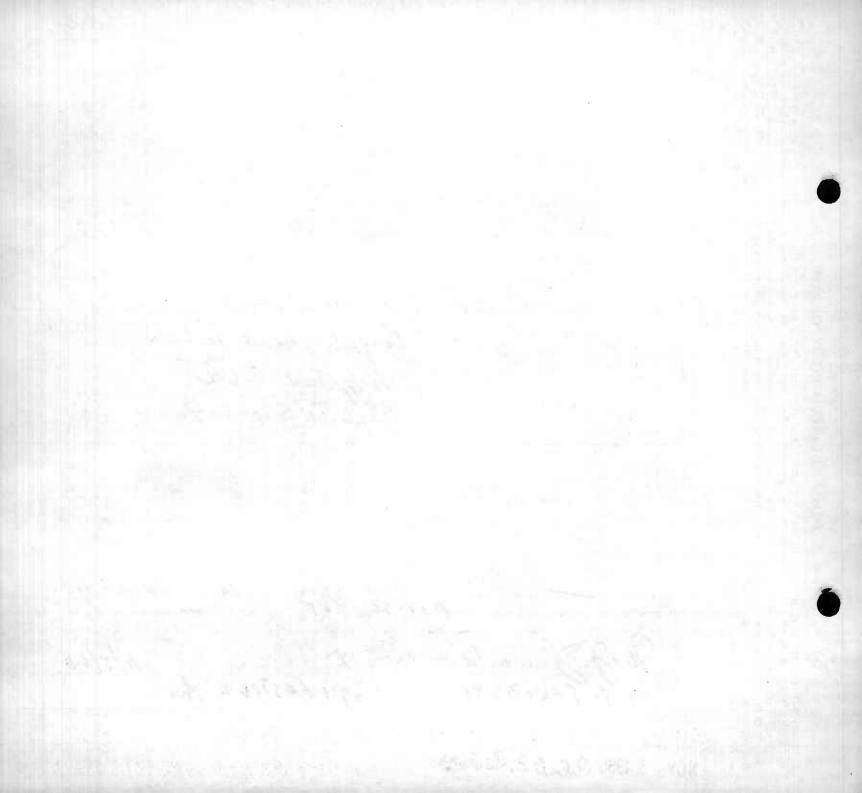
25B. NAME OF REGISTRAR

HUBBARD FUNERAL HOME 4107 WILKENS AVENUE #29





BALTIMORE CITY HEALTH DEPARTMENT



	AME OF DECE	ASED		353	CERTIFIC		ND HOUR OF DEATH	65 11353
	e or Print)		DEL	SHI	SIVITZ		3-65	4:50 1
F	FULL NAME OF THE OFFICE	F (If not in oddress	n hospitol or location	or institution	n, give street TAL OF BALTS NO AUE	4. USUAL RESIDENCE (Wh. A. STATE B. COU	ere deceased lived. If NTY CREATE LIBERT LI	institution: residence before admi
		BACT				3927 B. CI		1E
S. S	MALE		HITE	WIDOW	ED, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours M
done	during most of w	vorking life, ever	n if retired)		CUTIVE	RY 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	/E	HAVIT			14. MOTHER'S MAIDEN NA	?	
	Was Deceesed s,no or unknown) NO				1 6. SOCIAL SECURITY NO.	MRS. STELLA	SHAVITZ 392	ADDRESS 27 B CLARKS LANE
		E OR COND	DEATH		(A) AC	cute pneum	now'lA	3 days
	heart failure, o	asthenia, etc. plication which NTECEDENT R CONDITIC abave ca	II means the caused CAUSES ONS, if use (A)	the diseas death.) any. givin	(B) DUE TO			•
ATION	heart failure, or injury or company or compa	asthenia, etc. plication which intecedent R CONDITIO above ca c CONDITION II FICANT CONE EATH BUT I	II means the caused CAUSES ONS, if use (A) I last.	Ihe diseas death.) any, giving stating to the stating to the stating to the state of the state	ING PARIONIST THE ARTERIOS	on's Diseme	-UASCULAN	
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L CERTIFICATI	heart failure, or injury or company or compa	asthenia, etc. plication which antecedent R CONDITION CONDITION FICANT CONE EATH BUT I CONDITION OPERATION IT WAS UNDITING CAUSTING CAUSTI	Il means the caused CAUSES ONS, if use (A) I last. DITIONS CONOT RELACAUSING 1 198. CON WAS PERI	any. giving stating III ONTRIBUTION FORMED	IB. PLACE OF INJURY (e.g.	ON'S DISONNE CLEROTIC CAMBIO 20A. AUTOPSY? (Yes or N	- UASCULAN. 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED
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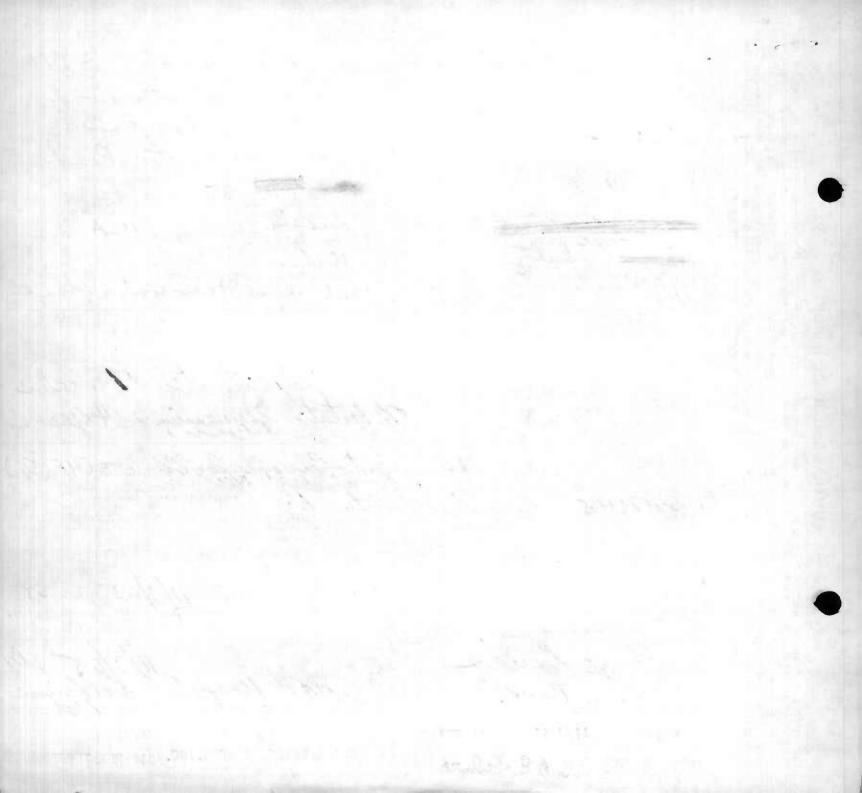
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BALTIMORE CITY HEALTH DEPARTMENT



W-516

VS 151-REV. 1/1/65

	H NO. 5	11355 MEDI	CAL EX	CAMINER'S	ERTIFICATE	OF DEATH Regist	ered No.5 11355	
1. 1	NAME OF DE	CEASED		TESTER	2.	DATE AND HOUR PRONOUNCE	CED DEAD	
(Typ	e or Print)		LILLIAN	WEINBER	RG	11/1/	65 16:50 p. M.	
3. P	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDEN	CE (Where deceased lived, If ins	stitution: residence before admission UNTY	
ELL	1 NIANAE OF	OF NOT IN HOSPITA	AL OR INICTITE	LEIGHT CIVE STREET	Mar	vland		
HO	L NAME OF	ADDRESS OR LOCA	TION)	JIION, GIVE SIKEEI		(If outside carporate limits, wri	te RURAL and give township)	
114.2	IIIUIION				Ra	ltimore	1-19	
1)				D. STREET ADDRES	S (If rural, give lacation)		
-	9	Sinai Hospita	al		58	Ol Rubin Ave.		
5. S	ex Cemale	6. RACE white		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In y s last birthday 73	If Under 1 Yr. If Under 24 Hrs Months Days Haurs Min.	
10A	USUAL OCC	UPATION (Give kind of work	108 KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (Ste	ote or foreign country)	12. CITIZEN OF	
done	during most of	SEWIFE oven if retired)	A.	T HOME	BAITT	MORE, MARYLAND	WHAT COUNTRY?	
	ATHER'S NA			7 1101112	14. MOTHER'S MAIL		3,071	
		ISRAEL COHEN			LINIK	CNOWN		
15.1	WAS DECEAS	ED EVER IN ILS. ARMED	FORCES?	16, SO CIAL	17. INFORMANT	OVOWIN	ADDRESS	
(Yes	, no prynknow	n) (If yes, give war ar date	s of service)	SECURITY NO.	MRS. HILL	DA CAPLAN 6902 B	LANCHE AVENUE	
	1B.	13 X	-1110111	CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	,	ASE OR CONDITION DI	RECTLY				ONSET AND DEATH	
		LEADING TO DEATH		Arteri	osclerotic	and hypertensive	cardip-	
	heart failure	nat mean the made of e, asthenio, etc. It means	the disease,	DUE TO V	ascular dis	ease		
	injury or co	omplication which coused	death.)				Blanch Labert Lab	
		ANTECENDENT CAUSE	S	(8)				
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO	.00 000 000 00 000 000 000	***************************************		
	UNDERLY	HE ABOVE CAUSE (A) ST ING CONDITION LAST.	AING INE				CICK CICK	
N				(C)				
ERTIFICATION		11	CONTRIBUTE:					
0		DEATH BUT NOT REI						
F		OR CONDITION CAUSING						
CER	19A. DATE O	F OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY?	Yes or No.) 20B. IF YES, WERE FIN CERTIFYING CAL		
	UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. hame etc.)	PLACE OF INJURY (e.g., farm, foctory, street,	, in ar obaut 21C. WH affice bldg., INJURY C	ERE DID (If in Boltimore City, DCCUR?	give exact location)	
_	21D TIME	(Month) (Doy) (Year	Hour) 2	TE. INJURY OCCURRED	21 F. HOW	V DID INJURY OCCUR?		
	OF INJURY (APPROX.) WHILE AT NOT WHILE							
10	m. WORK L AT WORK L							
		rtify that I held an I	nquiry 🗀	Inspection X A	utapsy 🔲 and t	hat an this basis, death in	my apinian	
	resu	Ited fram: Natural ca	uses X	Accident Suici	de Homicide	Undetermined man	nar 🗌	
				11	CHIEF MED	DICAL EXAMINER	DATE SIGNED	
	ACTUA	L helera	-11 -	7 -	ASSISTANT MED	DICAL EXAMINER X	DATE SIGNED	
	SIGNA"	NER'S	1	YU	ASSOCIATE MEI	DICAL EXAMINER	11/2/65	
	NAME		. Spitz	M.D.				
23A REA	BURIAL CR	EMATION. 238, DATE	23	C. NAME OF CEMETERY BNAI ISRAEL	or CREMATORY	BALTYMORE, 'M'	(RYTAN Dounty) (Stote)	
24/	. DATE REC'I	D BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERAL	DIRECTOR	ADDRESS	
	NOV 8	8 1965 12 0			SOL LEV	INSON & BROS. INC.	.6010 REISTERSTOWN	

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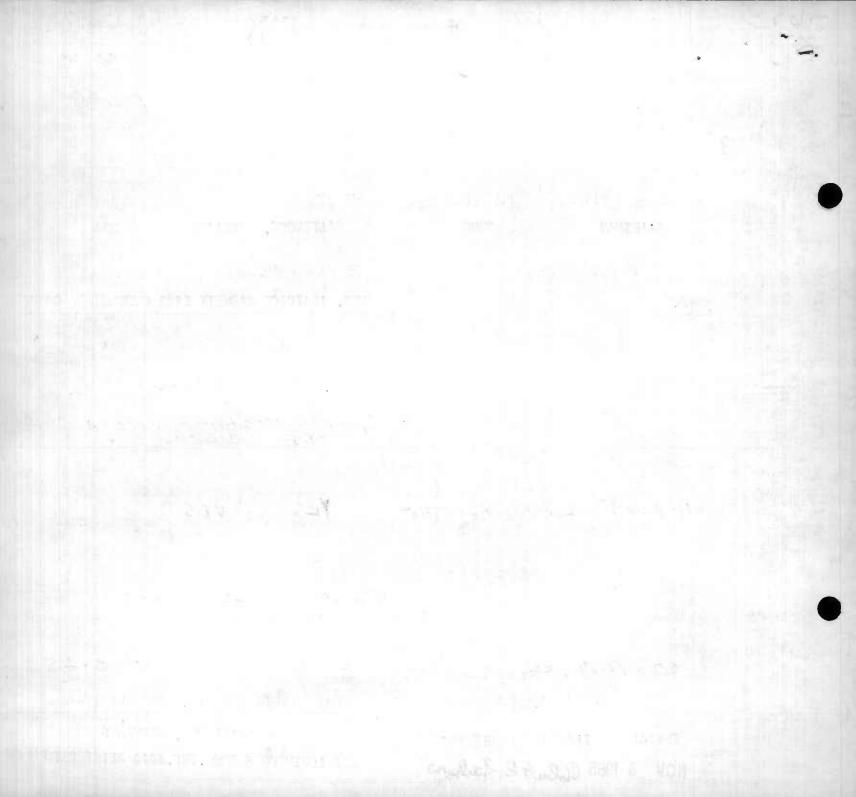
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DIRECTOR:

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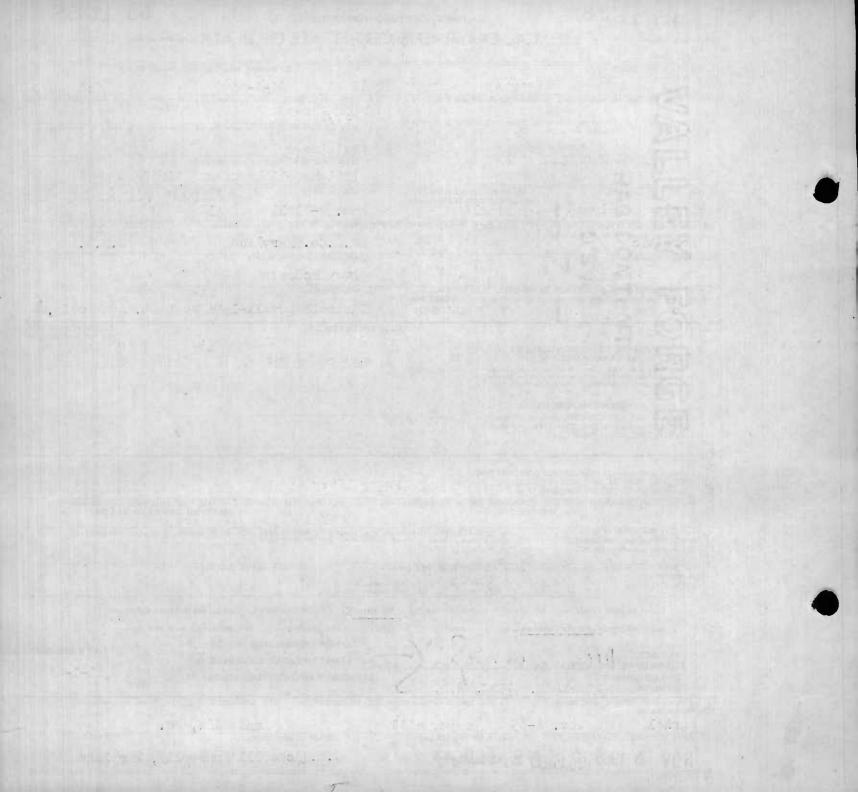
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



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BIRTH NO.	WEDI	ICAL EX	CAMINER'S C	ERTIFICA	E OF I	DEATH Registe	red No	
M.E. CASE NO.					1			
1. NAME OF DEC	CEASED				2. DATE AN	D HOUR PRONOUNCE	ED DEAD	
		LILLIAN		OWIE	11-1-	-65	2	2:30 P M
	TIMORE, MARYLAND, W (IF NOT IN HOSPITA ADDRESS OR LOCA			Marylar	ıd	deceased lived. If insti		
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	(TION)		C. CITY OR TOV	VN (It outsid	e carparote limits, write	RURAL ond gi	ve township)
_	L204 McCULLOH	STREET		Baltimo		give location)	11-0	14
				1204 Mc	Culloh	Street 212	17	
Female	Colored	Sing		Aug. 9-	1914	9. AGE (In years last birthday)	Months Day	
Domesti	UPATION (Give kind of work working life, even if retired) LC	TOB. KIND OI	BUSINESS OR INDUSTR	A.A.Co.	Maryla	and	U.S.	DUNTRY?
13. FATHER'S NAA				14. MOTHER'S M		E		
	Unknown			Inch Wo	Gowan			Tell Tell
	D EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
No			Unknown	Elizabeth	Duval	1-1904 West	St. Anna	polis,Mi
CTHIS does heart failure injury or co DISEASES RISE TO THE UN DERLY!! OTHER SIG TO THE DISEASE OF T	SE OR CONDITION DILEADING TO DEATH not meen the mode of, osthenio, etc. It meens mplication which coused to ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING F OPERATION [198, CON WAS PER	dying e.g., the disease, death.) S NY, GIVING TATING THE CONTRIBUTION LATED TO T GIT. DITION FOR	(A)B DUE TO (C)	tty liver		208, IF YES, WERE FII	NDINGS CONS	
	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., form, foctory, street,	in ar about 21C. V	VHERE DID	Yes		
21D TIME OF INJURY (APPROX.) 22.	(Month) (Day) (Year tify that I held an lited from: Natural car	m.\	Inspection Au	WHILE VORK stapsy X and de Hamici CHIEF M	d that an th	URY OCCUR? is basis, death in n Undetermined manner (AMINER	er 🗌	ATE SIGNED
ACTUA SIGNAT EXAMIN NAME (VER'S Type) WERNER I		, M.D. 5	ASSISTANT M		XAMINER	1	11-1-65
23A. BURIAL CRE REMOVAL (Specif		23	C. NAME OF CEMETERY	or CREMATORY	23 D. L	OCATION (City,	town, or county	y) (State)
Burial	Nov.	4-65	Brewer Hill		An	napolis, Md.		
24A. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDR	ESS
NOV	8 1965 Rober	£,38	edward.	C.E.	licks l	ll Annapolis	s, Maryla	and
VS 151-REV. 1/1/								



VS 150-REV. 1/1/65

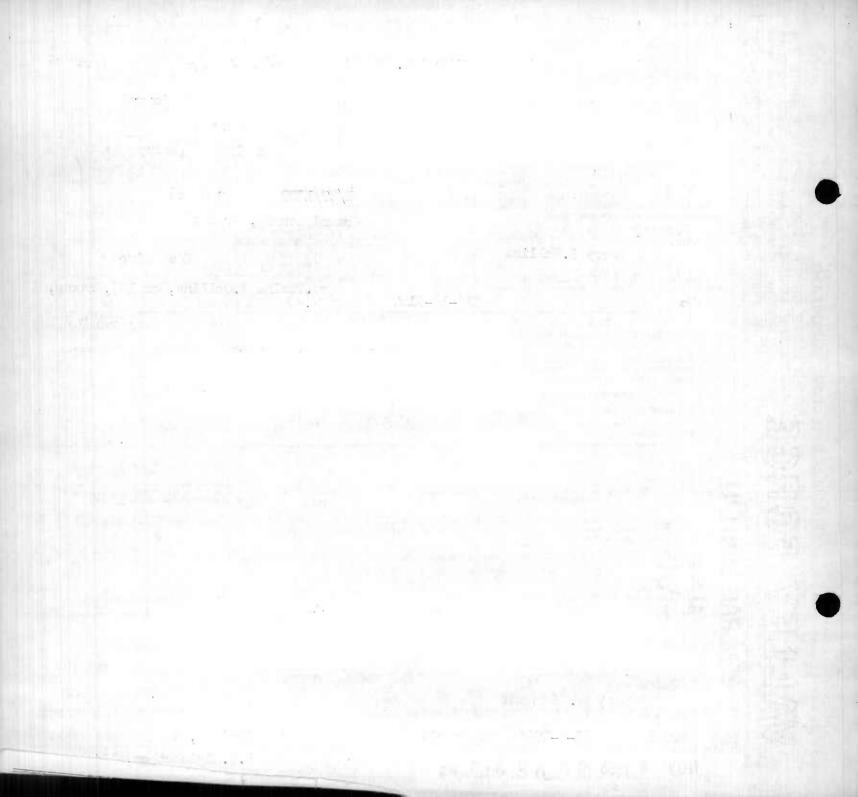
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

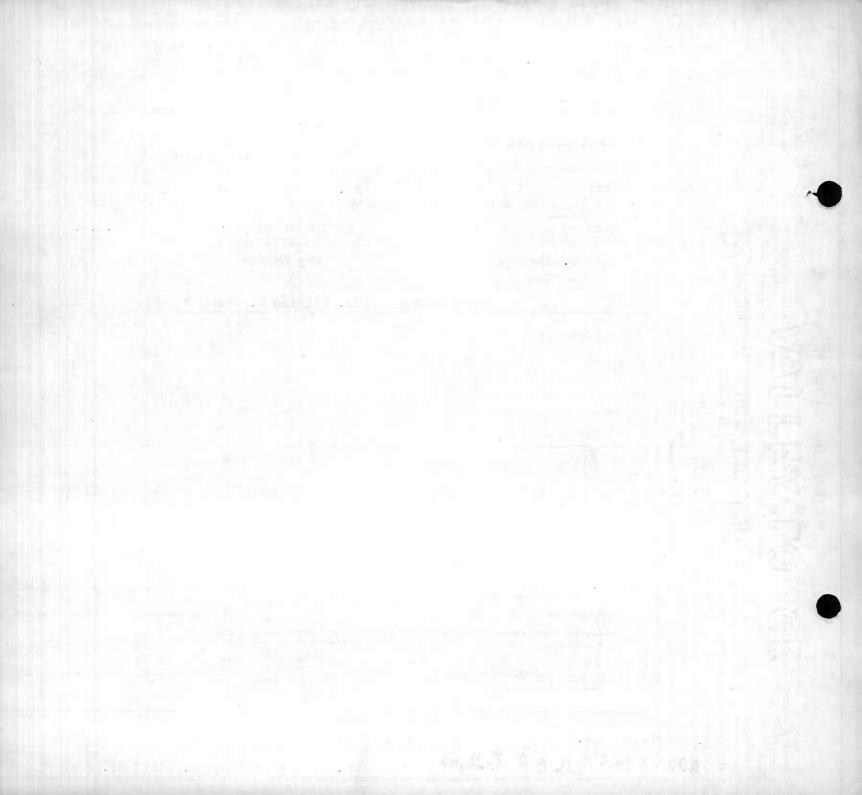
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City



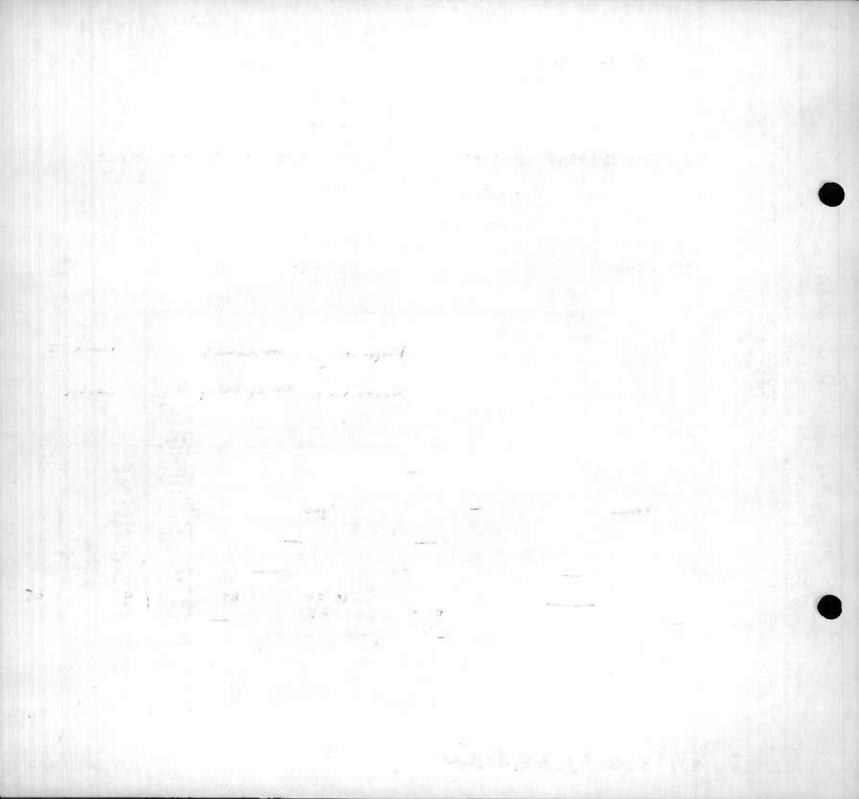
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VS 150-REV. 1/1/65

and

		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	11361	CERTIFICA	TE OF DEATH	Registered No.	65 11361
M.E. CASE NO. 1. NAME OF DECEASED			in DATE	AND HOUR OF DEATH	1,2002
(Type or Print) William	Clark			-4-65	10:40 am
3. PLACE OF OEATH IN BALTIM	ORE, MARYLAND		4. USUAL RESIDENCE (WA. STATE B. CO		institution: residence before odmission)
HOSPITAL OR oddress	hospital or institution, or location)	give street	Maryland	autside city limits write	RURAL and give fownship)
INSTITUTION			Baltimore	oriside chy minis, while	ROBAL ONG GIVE TOWNSHIP?
9			D. STREET AODRESS	(If rurol, give location)	
The Johns Hopk	ins Hospi	tal	841 North	Washington	n Street
SEX 6. RACE	WIDOWI	D, NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Oays Hours Min.
Male Negro			5-7-10 11. BIRTHPLACE (Stote or f	55	12, CITIZEN OF
lone during most of working life, even		P BOSINESS OK INDUSTRI	GA.	oreign country)	WHAT COUNTRY?
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME	1
77:11 011-			G D		
Will Clark 5. Wos Occoosed Ever in U. S.	Armed Forces?	1 6. SOCIAL	Georgia R	ougers	ADDRESS
Yes, no or unknown) (If yes, give w	or or doles of service)	SECURITY NO.		Clark &	
YES MMII -	3 989550	263-24-6657	The state of the s	Clark o	11 11 00 113 [14]
18. 286,71		CAUSE O	F DEATH		INTERVAL SETWEEN ONSET AND DEATH
DISEASE OF CONDI		0	. 0	0	
(This does not mean the		(A) O	pinetory	eavest	mmedia
heort failure, osthenio, etc.	Il meons the diseose	3,	. 0		
injury or complication whice		w Wles	coicles en	cephalopath	n love les
ANTECEDENT		OUE TO		0	
rise to the obove can					9
UNDERLYING CONDITION		(- /	# 664 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
11					
O THE SIGNIFICANT COND TO THE DEATH BUT N DISEASE OR CONDITION C	OT RELATED TO T				
O 19A DATE OF OPERATION	198. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINOINGS CONSIDERED
a None		-	yes	MO	Additional Persons
21 Å. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS DEATH (notify medical exami	RLYING 21 E O F ho et	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of	or about 21C. WHERE OID	(If in Baltima	re City, give exact location)
	-	E. INJURY OCCURRED	21 F. HOW DIO	INJURY OCCUR?	
OF INJURY (APPROX.)		hile At Not While At Work			
22. I certify that (1) (this			10/35	19 65 10	11/4 19 65
that (1) (we) lost saw the					inion death occurred on the date
ond hour and from the co	ises stated above.	(I) (We) (did) (did not) v	iew the body after deot	·h.	
23A. SIGNATURE	- V	M.D. Atte	anding AAnd	Stoff -	238, DATE SIGNED
Kebert	To be	Phy	s. Med. Director	Stoff Phys.	11/4/65
23C. PHYSICIAN'S NAME-(Type)	0 1/	(, \	23D. ADDRESS	(1)	4/1/
Kobert	L. Ken	now itst ma	Johns	Hopkins	5 4038
24A. 8URIAL CREMATION, 24B. REMOVAL (Specify)	OATE 24C.1	NAME of CEMETERY OF CRE	MATORY 24D	LOCATION 900	City, town, or county) (Stole)
25A. DATE REC'D BY HEALTH D	EPT. 25% NA	OF REGISTRAR	25C. FUNERAL DIRECT	TOR /	ADDRESS / 1



IMPORTANT

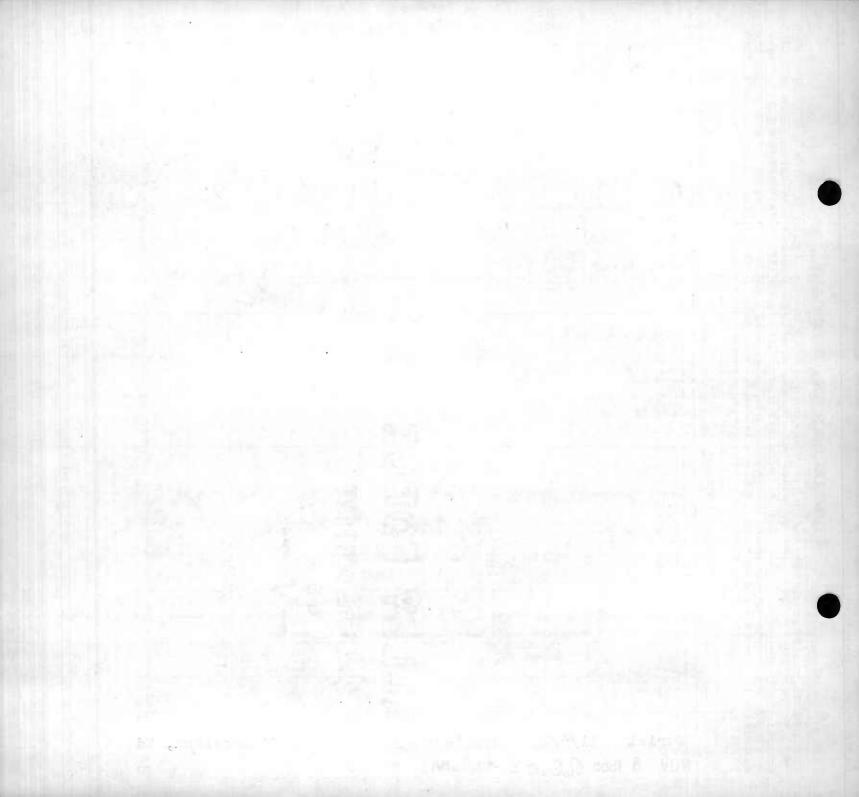
FUNERAL DIRECTOR:

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Hours

If Under 24 His.



65 1136	RALTIMORE CITY	Y HEALTH DEPARTMENT		() == 0 0 ===
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	65 11363
M.E. CASE NO.		2. DATE AN	ID HOUR OF DEATH	
Typo or Print) BENNER, VE	RNON A.			E I R.EE A
PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (When	re deceased lived. It instit	8:55 A. Tution: residence before odmission
		MARYLAND B. COUN	TITY TITY	1-1-
FULL NAME OF (If not in hospital or	nstitution, give street			0-(1)
INSTITUTION			tside city limits, write RUI	RAL and give township)
ST. AGNES HOSPITAL			# 23 rurol, give location)	Α
CATON & WILKENS AVE	.S.		A	+
BALTIMORE, MD. # 29			NTALOU J	
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		9. AGE (In yours lost birthdoy)	If Under 1 Yr. If Under 24 H Aonths Doys Hours Min.
	EVER MARRIED	11-830-48	16	
OA. USUAL OCCUPATION (Give kind of work 10 to one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	ign country)	12. CITIZEN OF WHAT COUNTRY?
STUDENT		MARYLAND		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
		EL-HODA	. 0	0
1. DENA	IER	Hde	LAIDE S.	SPARROW
5. Was Decoased Ever in U. S. Armed Forces' (es, no or unknown) (II yes, give wor or dotes o	? 1 6. SOCIAL	17. INFORMANT		ADDRESS AVES
NO NONE	Nove	\$T.AGNES HOSP.	RECORDS-WI	
18.		OF DEATH	***************************************	INTERVAL BETWEEN
DISEASE OF CONDITION DIREC	TIY O	,		ONSET AND DEATH
LEADING TO DEATH	CCA	roxicalo	mercell	
(This does not mean the mode of dy		robleto t	mercele	
heart failure, asthenia, etc. It means the injury or camplication which caused de				
ANTECEDENT CAUSES	(B)	ixere nen	al face	rese and
	DUE TO -)/, _ `		
DISEASES OR CONDITIONS, if any rise to the above cause (A) sto		cresula		
UNDERLYING CONDITION last.	(0)			
Z OTHER SCHIFFGANT CONDITIONS COM				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.) TO THE			
19A. DATE OF OPERATION 19B. CONDIT	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		
19A. DATE OF OPERATION 19B. CONDIT WAS PERFOR	WED	NO	IN CERTIFYING CAUS	ES OF DEATH?
OR CONTRIBUTION CALLET OF	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltimore C	city, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify modical examinet)	home, form, foctory, street, etc.)	ottice bidg., INJURY OCCUR?		
<u>u</u>	dana Ole INDIES OCCUPATION	715 110111 115 111	Hay O COLLEG	
OF INJURY (Month) (Doy) (Yoor) ()		21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not Whi			
22. I certify that (I) (this haspital) a	ttended the deceased from	OCTOBER 28	19 65 to NOVE	MBER 6 19 65
that (I) (we) last saw the deceased o			at in(my) (aur) apinio	an aeath accurred an the d
and haur and fram the causes stated	above. (1) (We) (did) (dld nat)	view the bady after death.		1
23A. SIGNATURE			2	3B, DATE SIGNED
Miller	M.D. Ar	tending Mod. ys. Director	Stoll Phys.	11/6/60
23 C. PHYSICIAN'S		23D. ADDRESS		1
MAAAE (Tune)	RIN M.D.	CATON & WII	LKENS AVES.	#29
REMOVAL (Specify) 248, DATE	24C. NAME of CEMETERY OF CE	REMATORY 24D. L	OCATION (City,	town, or county) (Stote)
Buriol 11-9-6	t Loudon	PARK Q	BALTIMO	RE MI
	B. NAME OF REGISTRAR	25C. FUNERAL CORRECTOR	of H. malle	ADDRESS O
NOV 8 1965 (. O	E, Farbeums	Port S.	1.11-1 310	of Fred : 11
	C' dama, wh	140 2.00	month, 41	· Vicionius
/S 150-REV. 1/1/65				

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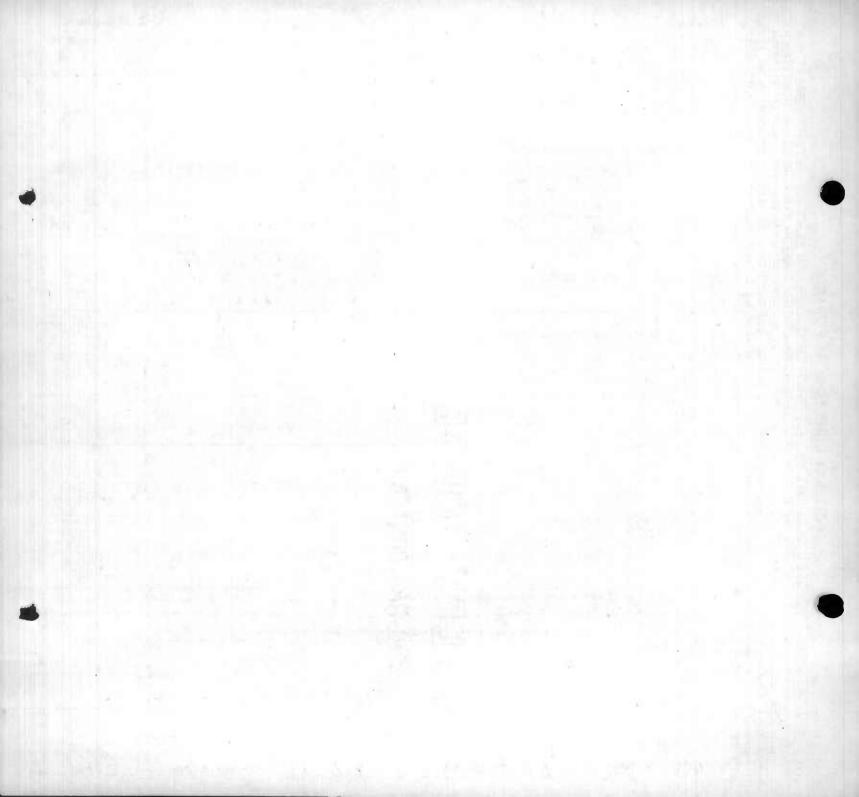
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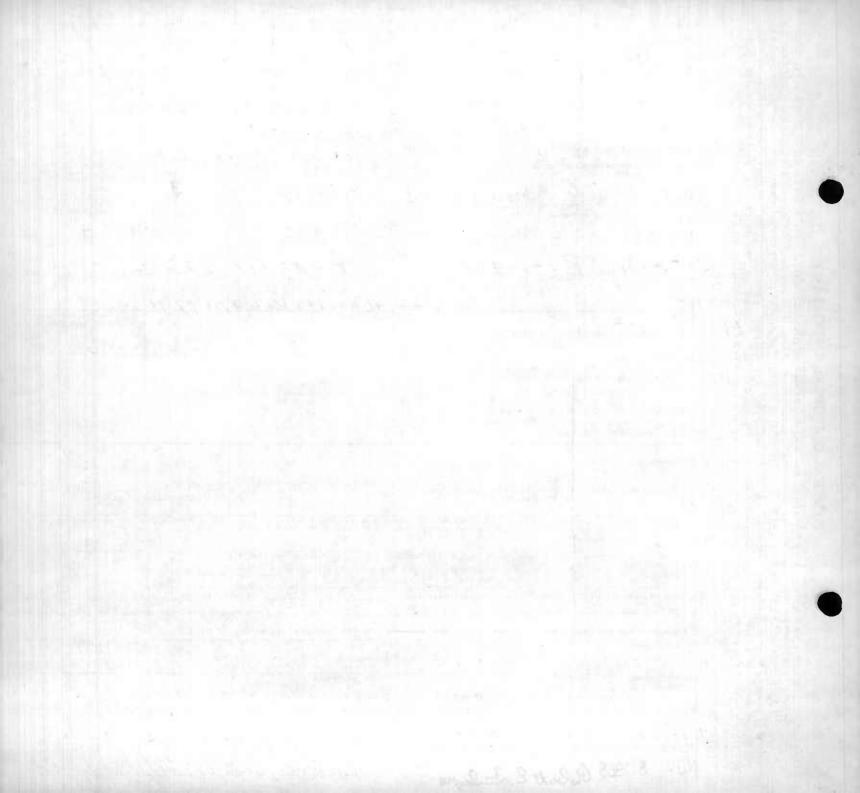
IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

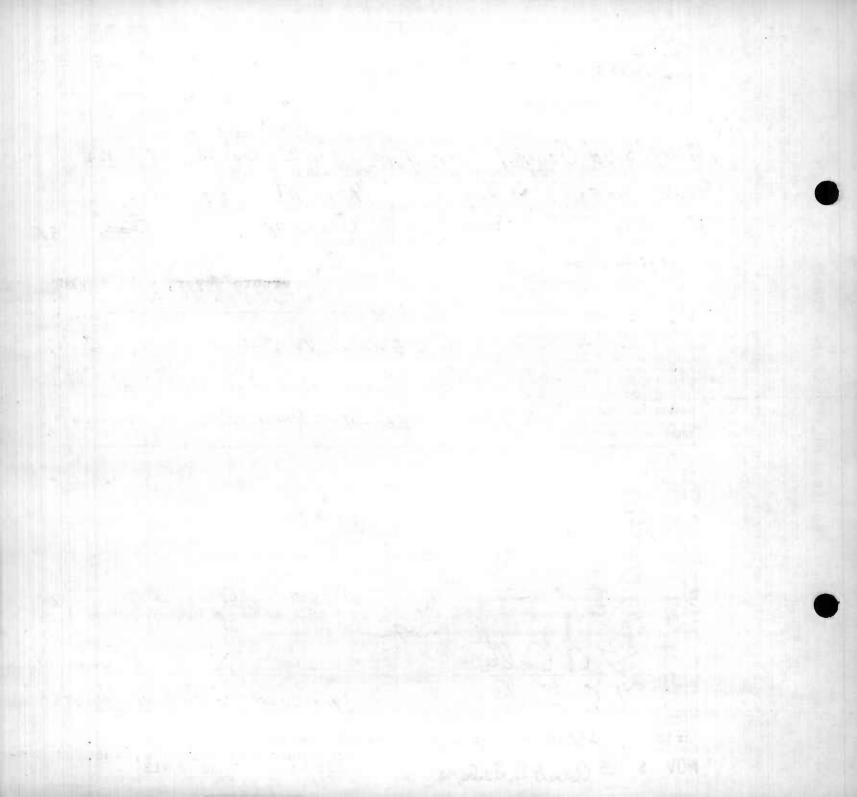




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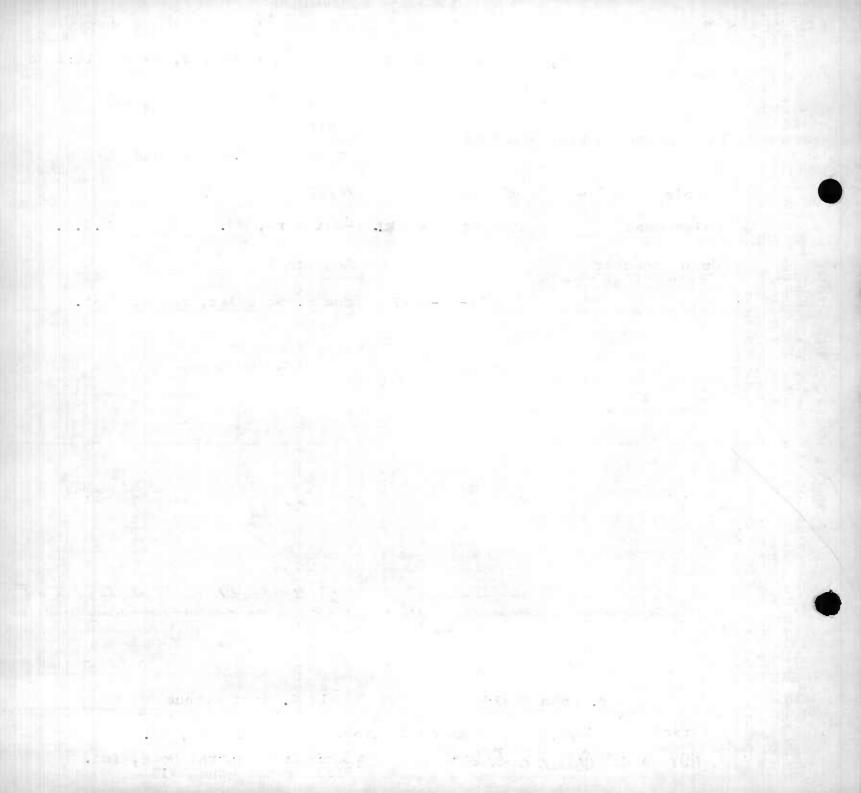
DIRECTOR:

FUNERAL



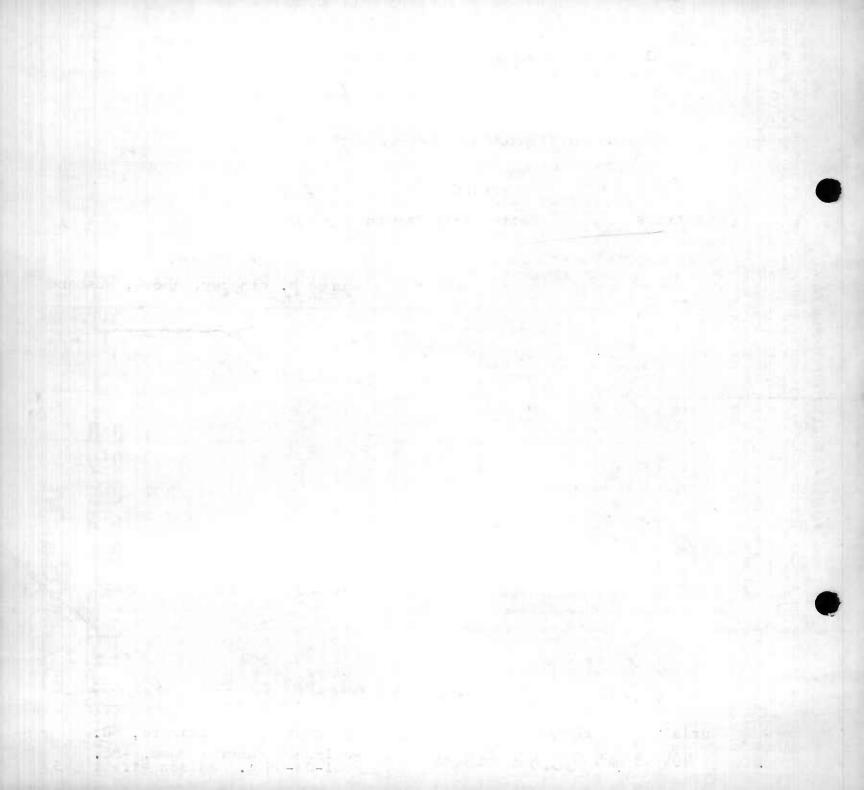
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Kansler, Augusta Margaret November 3, 1965 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY (If not in haspital or institution, give street Maryland FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If autside city limits, write RURAL and give tawnship) INSTITUTION Baltimore Johns Hopkins Hospital D. STREET ADDRESS (If rurol, give location) 7831 Philadelphia Road 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) B. DATE OF BIRTH 5. SEX 6. RACE 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months: Days Hours Min. last birthdoy 9/6/87 female white widowed 78 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) 1, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) Kansler Food Mkt. Baltimore, Md. U.S.A. Saleswoman 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME John Croucher Augusta ? 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, na arunknawn) (If yes, give war ar dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. 212-05-3697 Edna M. Scheeler, above, CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthema, etc. It means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? IIf in Boltimore City, give exact lacation) DEATH (natify medical examiner) (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Wark 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) lost sow the deceosed alive on 1965 and that in (my) (our) opinion death occurred on the date ond haur and from the couses stated above. (1) (We) (dts) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 14 N. East Avenue Dr. John Gould 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Parkwood Cemetery Baltimore, Md. 258 NAME OF REGISTRAR Schimunek Funeral Home, Inc. ADDRESS 3331 Brehms Lane #13

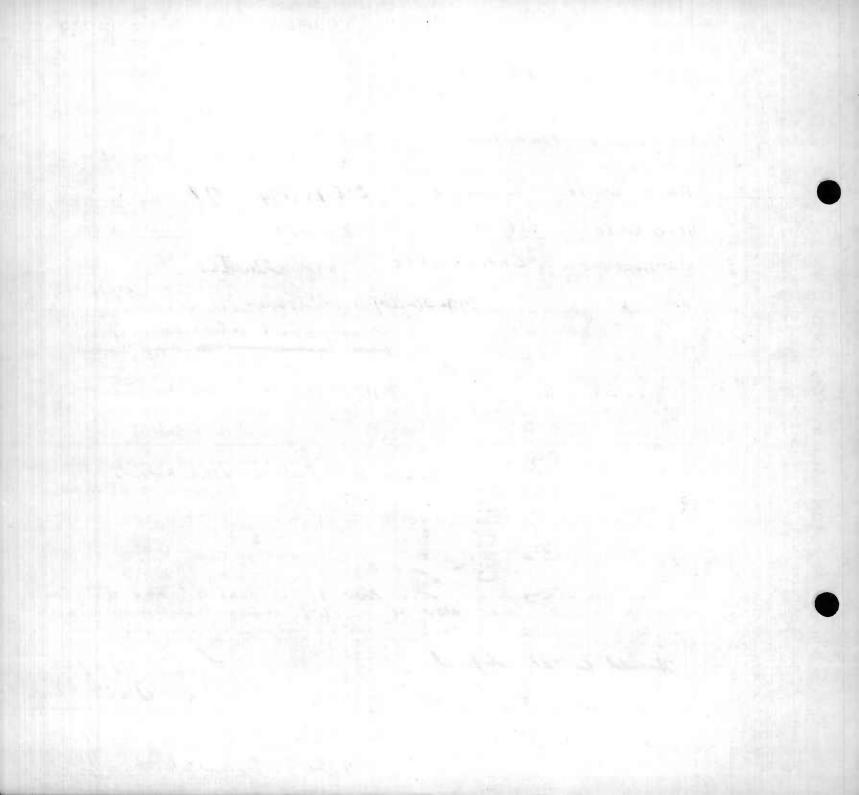


VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT



his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased hows: D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the leceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such extitten approval must be obtained before the remains are embalmed or final disposition is made.
body ws: (1) b.O.A.s D.O.A.s eased
ws: ws: D.G.

		INT BEL	WORK L	BALTIMORE CITY	HEALTH DEPARTMENT		CE 44000
	H NO. . CASE NO.	65 113	WU .	CERTIFICA	TE OF DEATH	Registered Na.	00 110/0
1. N	AME OF DECEA	ASED			2. DATE A	ND HOUR OF DEATH	
(Тур	e or Print)	Anna	E. Ste	ewart	Nov	. 4. 1965	1:30 P. M.
3. P	LACE OF DEAT	H IN BALTIMORE, MA	RYLAND		4, USUAL RESIDENCE (WH	ere deceased lived. If i	1:30 P. M.
		40			M d	2	1-38
- 1-	ULL NAME OF	(II not in hospital address or location		give street	C. CITY OR TOWN (II o	utside city limits, write	RURAL and give township)
7	NSTITUTION				Baltimo		
1	1100 %.	Belvedere	Ave.	Apt. A		f rurol, give location)	
				1,000	1100 E. B	elvedere t	lve.
5. S	EX 6	. RACE	7. MARRIED	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
	tomalal			D, DIVORCED (specify)	12-14-1880	lost birthdoy)	If Under 1 Yr, II Under 24 Hrs. Months Doys Hours Min.
OA	USUAL OCCUP	PATION (Give kind of work	WL do	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	oign country)	112. CITIZEN OF
		orking life, even il retired)		. Doontess on moosing		ergir cooniny,	WHAT COUNTRY?
7	Housewi	te .			Illinois		USA
3. 1	FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
	Rober	+ Janas			Emma May	0.4	
5. 1	Nos Deceased E	ver in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes	, no or unknown) (III yes, give wor or dote	s of service)	SECURITY NO.	C 17	C. T.	
_				275785275	Granvel J.	Stewart	same
	18. 420	0.11		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIS	RECTLY				
		t meon the mode of	dvina ea	(A) ACUT	e myocardial	infarctio	n 10 min.
	heort loilure, o:	sthenio, etc. It meons	the diseose				
		licotion which coused		Arte	riosclerotic vascular dis	cardio-	15 yrs.
		NTECEDENT CAUSES		DUE TO	vascazar ars	case	
		CONDITIONS, if					
ы		obove couse (A) CONDITION lost.	slotting the	(C)	0=		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		П					
N	OTHER SIGNIFI	CANT CONDITIONS C	ONTRIBUTIN	IG			
ATIO	TO THE DEA	ATH BUT NOT RELA	TED TO TH	HE			
C	19A. DATE OF			WHICH OPERATION	20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED
ERTIFIC	0	WAS PERI	FORMED		No	IN CERTIFYING CA	CUSES OF DEATH?
Ö	21A. ACCIDENT	WAS UNDERLYING		B. PLACE OF INJURY (e.g., in		(II in Boltimo	re City, give exoct locotion)
AL	DEATH (notify n	ING CAUSE OF	etc	me, lorm, loctory, street, of :.)	nce biog., INJURT OCCUR!		
Oid	21 D. TIME (Month) (Doy) (Year)	(Hour) 218	E. INJURY OCCURRED	21F. HOW DID IN	ILLEY OCCUP?	
MEDI	OF INJURY	Total (Con		hile At Not While		JORY OCCOR:	
	(APPROX.)		W	ork At Work			
	22. I certify th	hot (I)-(this hospital) ottended	the deceased from	February	1954 to NOV	ember 4, 19 65.
	that (I) (we) Id	ast sow the decease	d olive on	October 28			Inion death occurred on the date
					•		documentation on the date
	23A. SIGNATURE		ed obave. ((I) (HE) (GIG) (GHE HOT) V	lew the body ofter death		23B. DATE SIGNED
	2011 31011 41 41	TO.	1 6	M.D. Atte	nding Med.	Stoff	
		Descy	110.	Phy:	s. Director	Phys.	11/5/65
	23C. PHYSICIAN NAME (Typ	-1	0 3	0	23D. ADDRESS		
		Lloyd E	. Sayl	or M.D.	3902 Greenmo	ount Avenu	e
24A	BURIAL CREM	ATION, 24B, DATE	24C. N	AME of CEMETERY of CRE			city, town, or county) (State)
6	REMOVAL (Sp.	77 8 4	- D-	uid Ridan Ca	matany	altimore,	Md
	WILAL DATE REC'D B	Y HEALTH DEPT.	25B NA AAF	OF REGISTRAL	metery B		ADDRESS
- JA			A T	A KEOISIKAK		III	
_[8 ta	Sky MA	Leonard J.	Kuck Ync	Baltimore, Md.
VS	50-REV. 1/1/65	-0000			(_1)	

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		This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
		DO	0	An	0	ri	Dr
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		his	he	ho	0	90	/ri
			+	1/1	5	O	5

TOWN (If outside city limits, was a country) ADDRESS (If rurol, give location of the country) BIRTH 9, AGE (In years lost birthday) 4-96 1994 ACE (State or foreign cauntry) M. A. C. (State or foreign cauntry)	If Under 1 Yr. If Under 24 Months Doys Hours M 12. CITIZEN OF WHAT COUNTRY? S ADDRESS INTERVAL BETWEEN ONSET AND DEATH
TOWN (If outside city limits, was about St. St. St. St. St. St. St. St. St. St	If Under 1 Yr. If Under 2. Months: Doys Hours A 12. CITIZEN OF WHAT COUNTRY? S ADDRESS INTERVAL BETWEEN ONSET AND DEAT
TOWN (If outside city limits, we have address (If rurol, give location of the state	If Under 1 Yr. If Under 2 Months; Doys Hours North Months;
TOWN (If outside city limits, we althouse aDDRESS (If rurol, give location State of State or foreign country) PS MAIDEN NAME ANT S PIT al Char	If Under 1 Yr. If Under 2 Months; Doys Hours North Months;
ADDRESS (If rurol, give location Robert St P. AGE (In years lost birthday) 4-96 ACE (State or foreign country) M. P.S MAIDEN NAME MANT Spital Char	If Under 1 Yr. If Under 2. Months: Doys Hours A 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEAT
ADDRESS (Ilf rurol, give location S Robert St BIRTH 9. AGE (In years lost birthday) 4-96 9 ACE (State or foreign cauntry) Md. PS MAIDEN NAME ANT S PIT al Cha	If Under 1 Yr. If Under 2 Months Doys Hours A 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEP ONSET AND DEAT
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Y-96 69 ACE (State or foreign country) Md. PS MAIDEN NAME MMA William ANT Spital Cha	12. CITIZEN OF WHAT COUNTRY? S ADDRESS INTERVAL BETWEEN ONSET AND DEAT
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ers MAIDEN NAME mma William ANT Spital Cha	ADDRESS INTERVAL BETWEEN ONSET AND DEAT
nma William spital Cha	INTERVAL BETWEEN ONSET AND DEAT
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es	
URY OCCUR?	more City, give exact location)
HOW DID INJURY OCCUR?	
19 <u>b</u> ta	19 1
and that In(my) (our)	opinion death occurred on th
	23B, DATE SIGNED
	11/4/10
Med. Stoff	11/82
Director Phys.	
Director Phys.	
Director Phys.	
Director Phys.	(City, town, or county) (S
Director Phy s. Phy s. 24D. LOCATION	(City, town, or county) (S
	ady after deoth. Med. Stoff

11-7-65 Cocpers Com. Calvertee. Ald

BIRTH NO.

IMPORTAN

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH USUAL RESIDENCE I Where lived. If institution; residence before B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE STREET ADDRESS (If rural, give location) 21230 1400 FOREST HILL AVENUE MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. 8. DATE OF BIRTH If Under 24 Hrs. WIDQWED, DIVORCED (specify) Hours lost birthdoy 1895 JAN. 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? GERMANY USA 14. MOTHER'S MAIDEN NAME BERTHA-----17. INFORMANT ADDRESS SECURITY NO. AVENUE UNKNOWN MR. WILHELM H. REIMANN 1400 FOREST HILL XXXXXXX CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact facation) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While At Work

Attending [

23D. ADDRESS

Phys.

M.D.

Med.

25C. FUNERAL DIRECTOR

Stoff

Washington Blvd

BALTIMORE.

M.D.

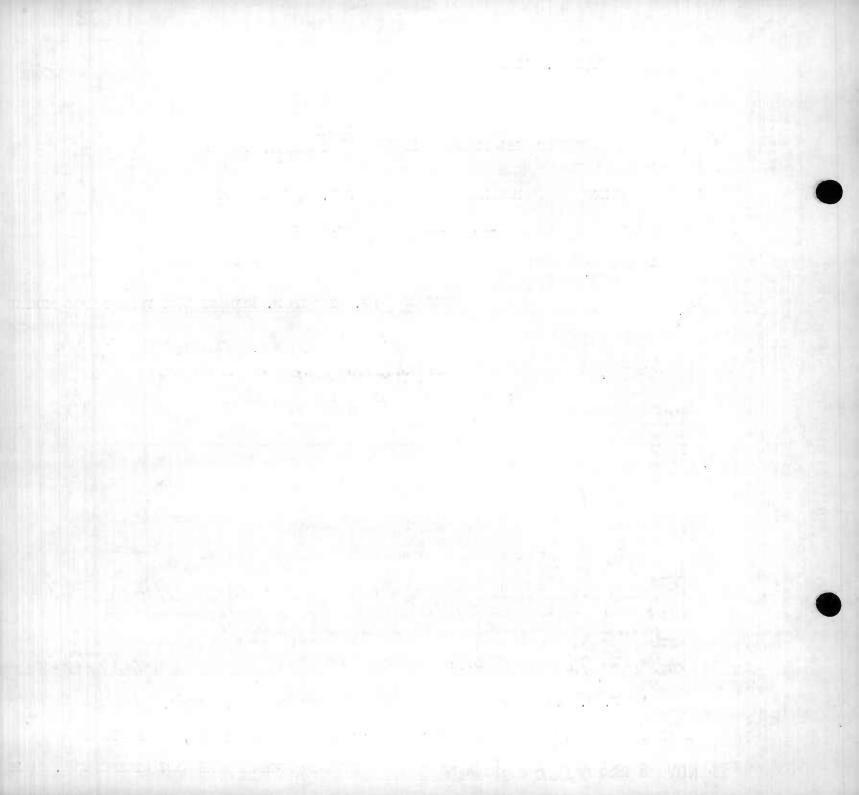
to 19 ond that in (my) (our) opinion death occurred on the date 23B. DATE

HUBBARD FUNERAL HOME 4107 WILKENS AVE. 21229

(City, town, or county)

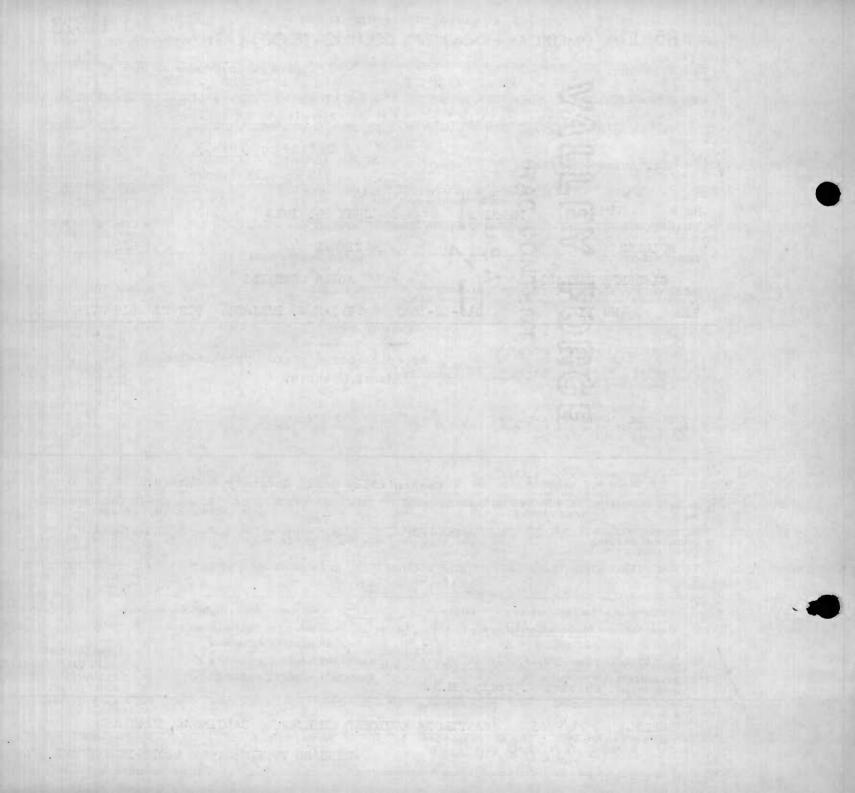
MARYLAND

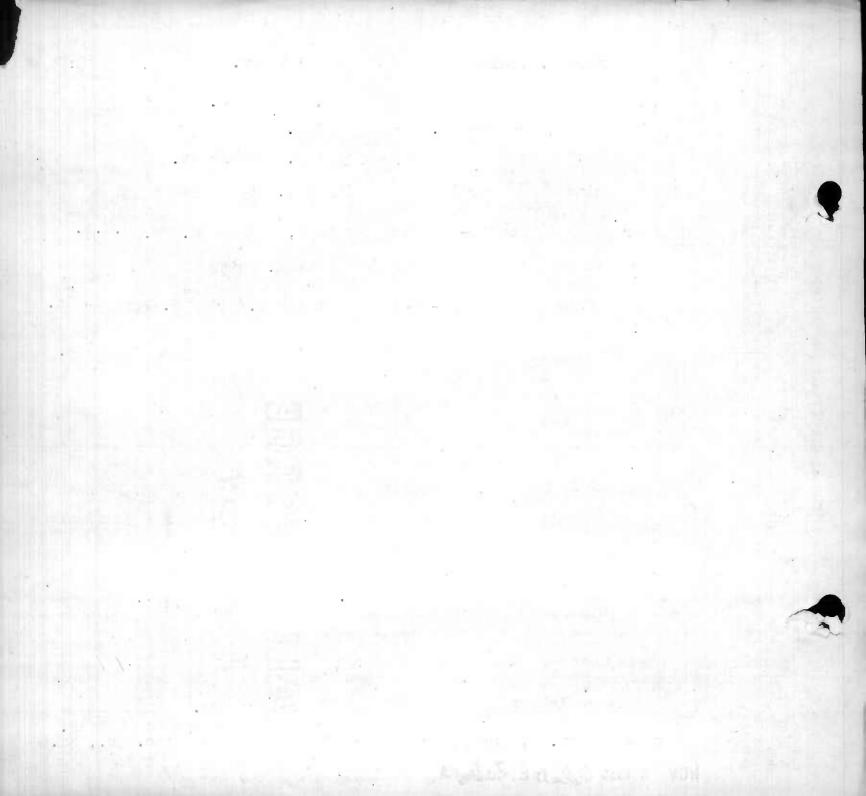
ADDRESS

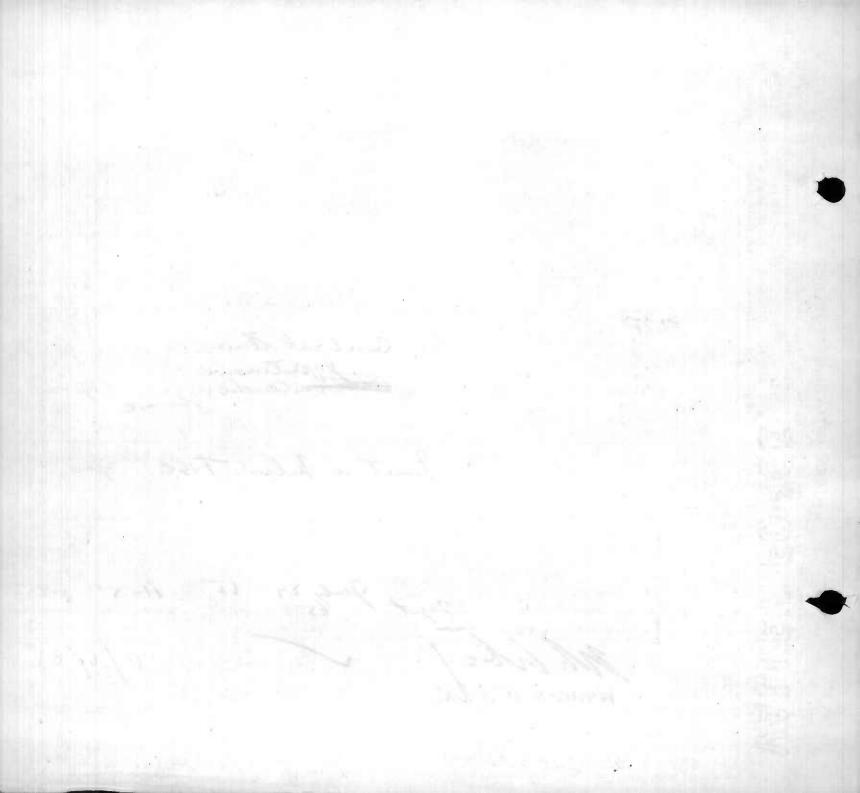


	1 1 CUMICS			(71)
BIRTH NOSS	113/3MEDICAL	EXAMINER'S	CERTIFICATE C	OF DEATH Registered Na.

M.E. CASE NO.	MEDI	CALE	AAMIINER 3 C	EKTIFICAT	E OF D	EMIL Kediziei	ea 11a	
1. NAME OF DECEA	PETER	P.	PALLADI		Novem	ber 5, 196		12:10
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTIT	UNCED DEAD	Mary	land	eceased lived. If insti B. COU corparate limits, write	E	dence before admission) Baltimore nd give township)
St. A	ngnes Hospit	al		D. STREET ADDRE			6	63-00
5. sex 6. Male	RACE White		, NEVER MARRIED DIVORCED(specify) I ED	JUNE 29,	1920	9. AGE (In years lost birthday) 45		Doys Hours Min.
10A. USUAL OCCUPA dane during most of work BUILDE 13. FATHER'S NAME	king life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTR	BALTIMORE 14. MOTHERS MA	tote or foreign	country)	USA	T COUNTRY?
GIUSI	EPPE PALLADI	FORCES?	16. SO CIAL	ADELE C			ADDRESS	
YES	WW II	s of servicel	218-12-7643	VEVIAN V	. PALLA	DI 922 FI	RANCIS	S AVENUE #27
CTHER SIGNIF	mean the mode of site of the country	dying e.g., the disease, deoth.) S NY, GIVING FATING THE CONTRIBUTI	(C)	iosclerotic eart Diseas tally Small	e.	rpertensive	S •	
	WAS PER	FORMED	WHICH OPERATION	Yes	1	OB, IF YES, WERE FIN N CERTIFYING CAUS	ES OF DE	Yes
OF INJURY (APPROX.)	R CONTRIB-	hometc.)	21 E. INJURY OCCURRED	office bldg., INJURY	MERE DID ()		re exact la	ocotion)
	R'S Chanles	uses X	Accident Suicid	le Homlcid	DICAL EXA	MINER X		DATE SIGNED 11/5/65
23A, BURIAL CREMA REMOVAL (Specify) BURIAT	ATION, 23B, DATE	2	BALTIMORE NAT			CATION (City,	town, or	
24A. DATE REC'D BY	HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERA	L DIRECTOR		1	ADDRESS KENS AVE. #2







shows: (1)

VS 150-REV. 1/1/65

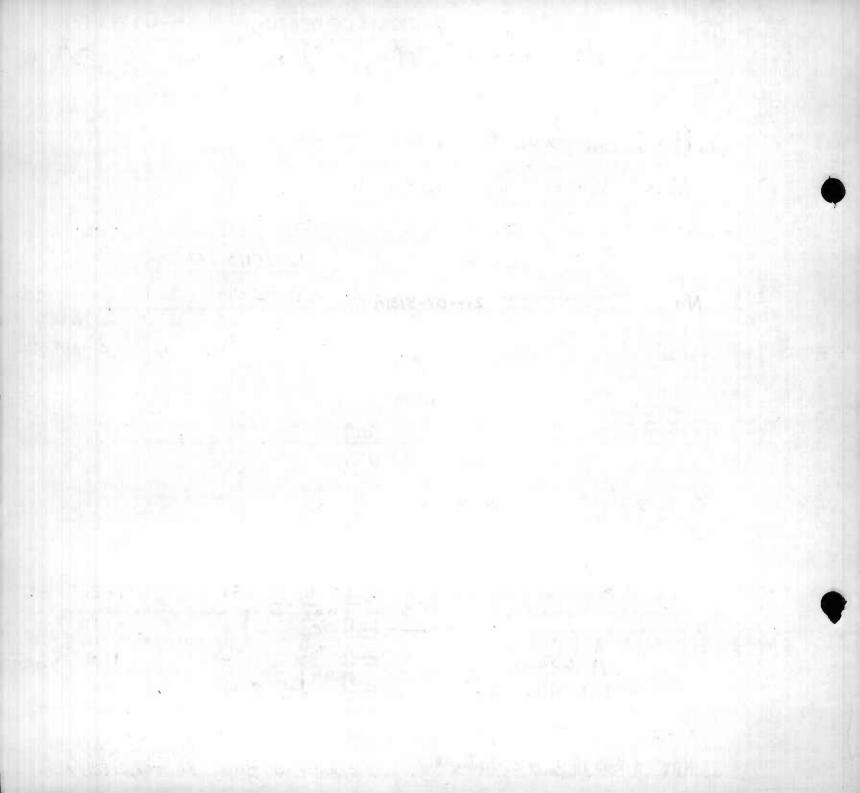
Such

M.E. CASE NO.		2. DATE	AND HOUR OF DEAT	ТН
Type or Print) GERBEN, Blanche E	***		mber 4, 196	
PLACE OF DEATH IN BALTIMORE MARYLAND	летли	4. USUAL RESIDENCE (V	Vhere deceased lived. It	f institution: residence before admiss
FILL MANS OF West States of the States				
FULL NAME OF (If not in hospital or institution) INSTITUTION	tion, give street	c. city of fown (If	A.A. County	te RURAL and give tawnship)
/ /		Glen Burni		52-00
St. Josephs Hospi	tal	D. STREET ADDRESS	(If rural, give location)	
		118 Shell	y Rd.	
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min
female white	married	11/29/15	49 Th yrs	
6A. USUAL OCCUPATION (Give kind of work 108, KIN ane during mast of warking life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemak er		Mamel	and	USA
3. FATHER'S NAME		14. MOTHERS MAIDEN	NAME	
Edward Hoffman		Annie	S.	
5. Was Deceased Ever in U. S. Armed Farces? Tes, na ar unknown)(Iff yes, give wor or dates of serv	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	none	Roland A. B	Gerben 1	18 Shelly Rd.
18.		F DEATH		INTERVAL BETWEEN
(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc injury or camplication which caused death.) ANTECEDENT CAUSES	e a s e,	inoma of colon etastases e appendiceal		oreau
heast failuse, asthenia, etc., it means the disc injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ginse to the abave cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBLED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	iving the (C)	e appendiceal	abscess	
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HOWARD H. HUBBARD

4107 WILKENS AVE. 21229

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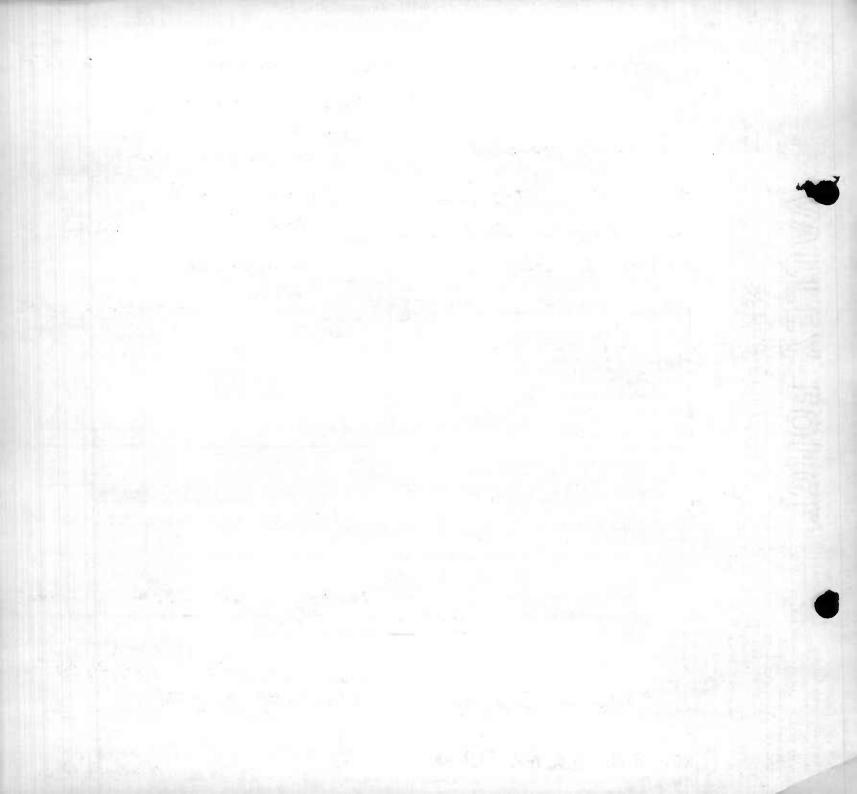
M.E. CASE NO. I. NAME OF DECEASED

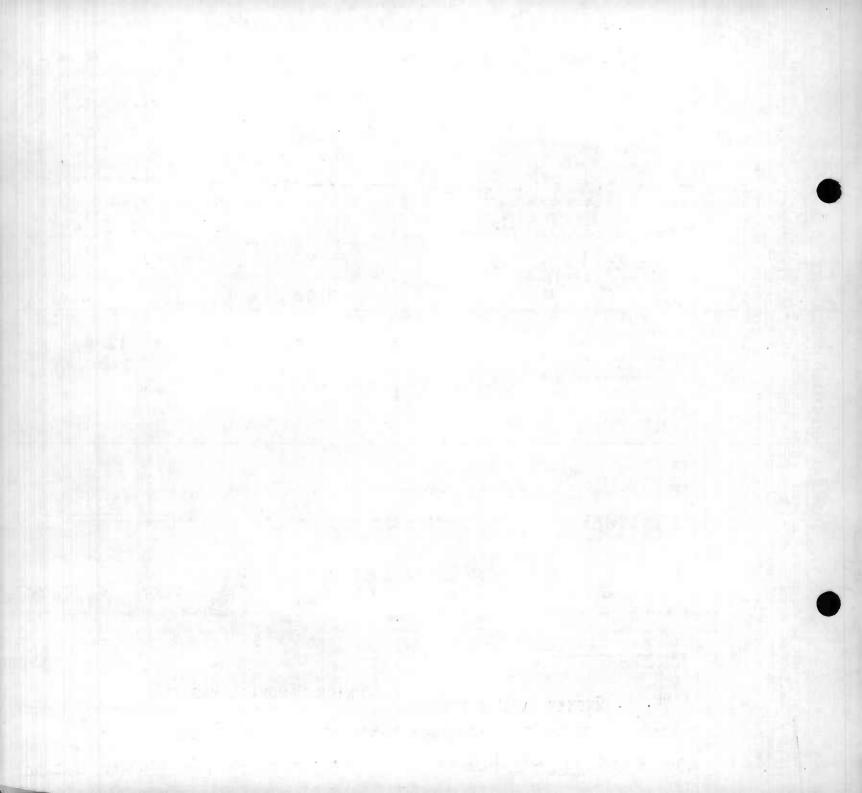
3. PLACE OF DEATH IN

FULL NAME OF HOSPITAL OR INSTITUTION

(Type or Print)

5. SEX 6. RACE 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) NONE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoting the UNDERLYING CONDITION last. ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION CERTIFI 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inglify medical examiner MEDIC 21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended the deceased fram that (1) (we) last saw the deceased alive an... and haur and fram the causes stated abave. (1) (We) (did) (didages) view the bady after death. 23A. SIGNATURE 23C. PHYSICIAN'S 24A. BURIAL CREMATION, 248. REMOVAL (Specify) VS 150-REV. 1/1/65





65 1138		HEALTH DEPARTMENT	Registered No.	05 44290	
A.E. CASE NO.	CERTIFICA	TE OF DEATH		()O LIGO	
NAME OF DECEASED Type or Print) GERTRUDE A PLACE OF DEATH IN BALTIMORE MARYLAN		10	31 65	1:15P	
FULL NAME OF HOSPITAL OR address or locotion) INSTITUTION ST AGNES	A. USUAL RESIDENCE (Whore deceased lived. Il institution: residence before admiss B. COUNTY MARYLAND C. CITY OR TOWN (If autside city limits, write RURAL and give township) BALTIMORE 25 D. STREET ADDRESS (If rurel, give location) 5713 Phillips St.				
WI	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)		9. AGE (In yours lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.	
OA. USUAL OCCUPATION (Give kind of work 108, K one during most of working life, even if retired) HOUSEWIFE	WIDOWED SIND OF BUSINESS OR INDUSTRY	10 26 01 11. BIRTHPLACE (Stole or foroi CZECHOSLAVA		12. CITIZEN OF WHAT COUNTRY?	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yos, give wor or dates of s	ervice) 16. SOCIAL SECURITY NO.	Unknown 17. INFORMANT ST AGNES HO	SP RECORD	ADDRESS	
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	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yos or No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinar)	21B. PLACE OF INJURY (e.g., ir homa, form, factory, straat, of atc.)	or about 21 C. WHERE DID INJURY OCCUR?	(If in Baltimo	ore City, give exect location)	
21D. TIME (Month) (Day) (Year) (Had OF INJURY (APPROX.)	While At Not While At Work				
22. I certify that (I) (this hospital) attempted that (I) (we) lost sow the deceased ali	ve on 10 31		at In(my) (our) op	13 5 pm 19 65 Dinion death occurred on the d	
and hour and from the causes stated of	bove. (I) (We) (dld) (did nat) v	iew the body after death.		238, DATE SIGNED	
23C. PHYSICIAN'S NAME (Type)	meny Phy	inding Med. S. Director 23D. ADDRESS	Stoff Phys.	10-31-1963	
EARLY M.	meny Phy	s. Director 23D. ADDRESS	Phys.	10-31-1963 City, town, or county) (State	

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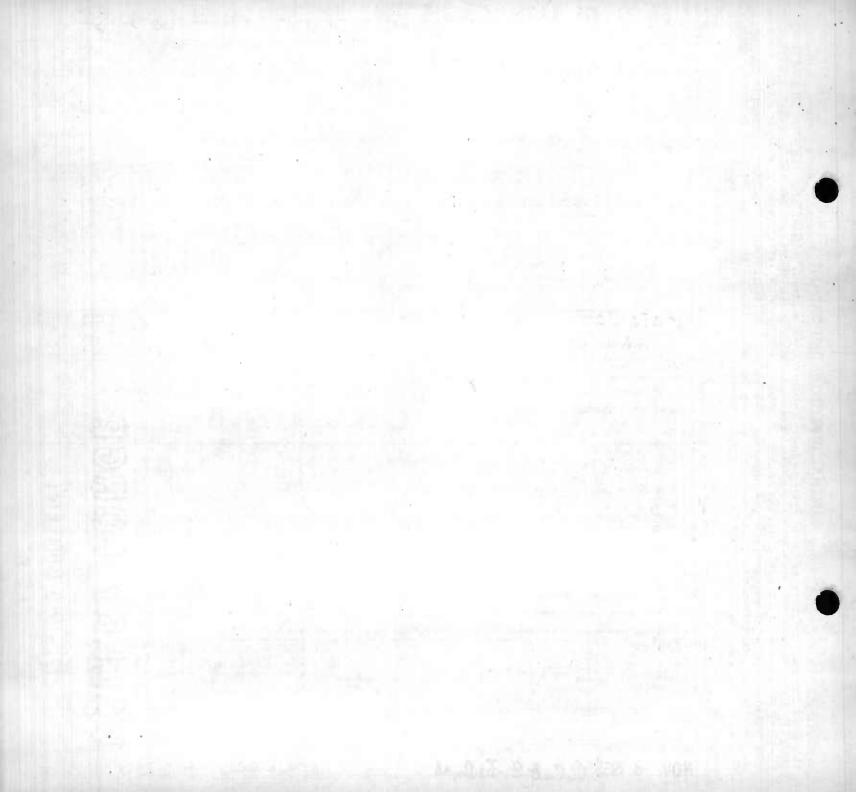
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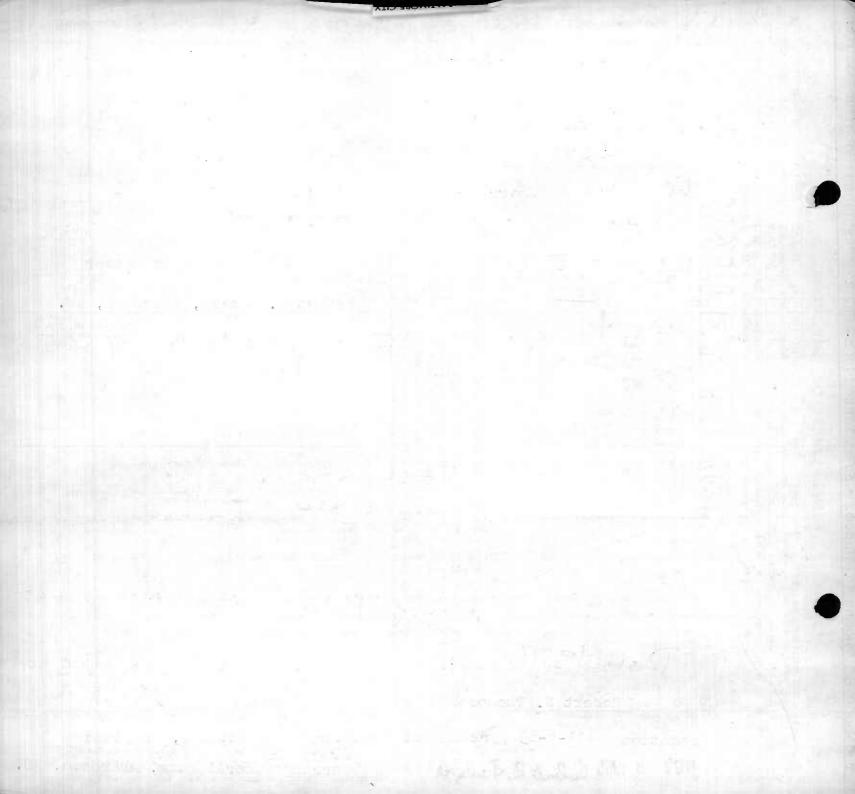
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BALTIMORE CITY HEALTH DEPARTMENT

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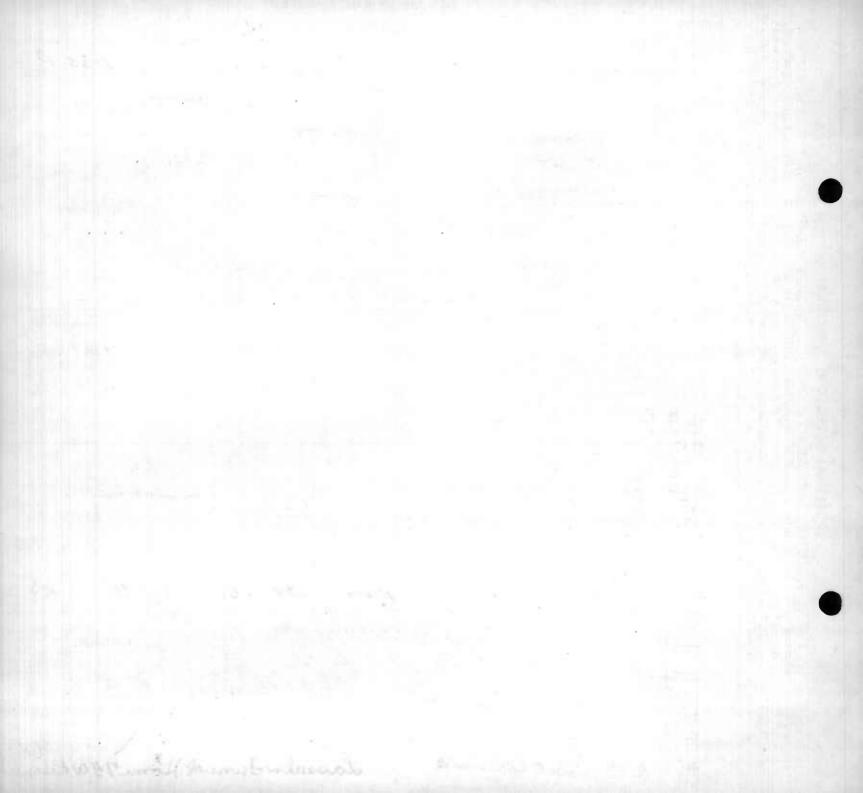
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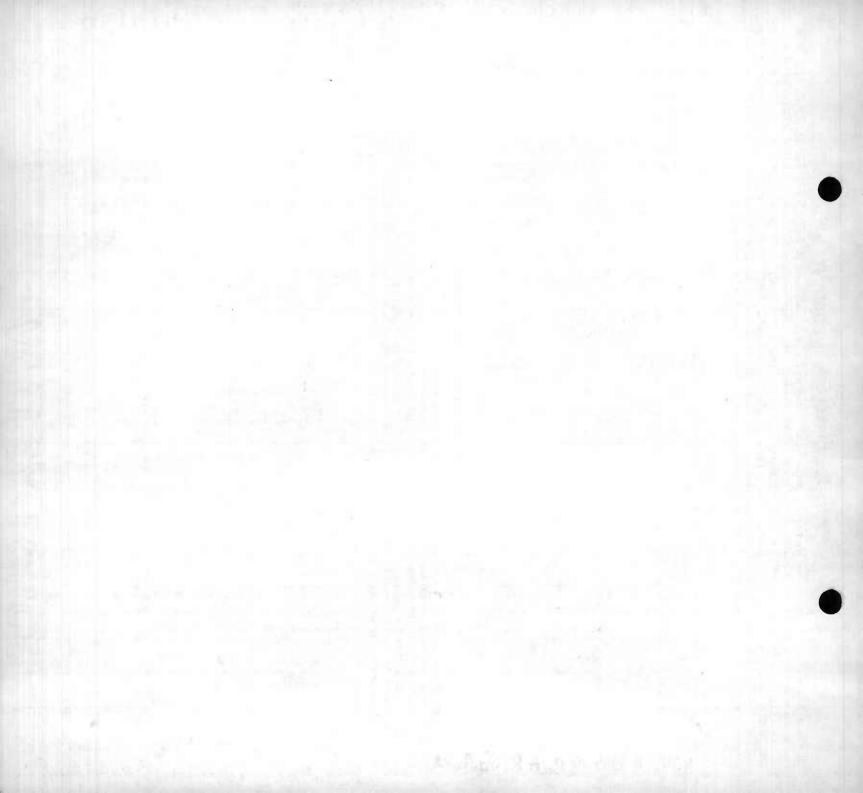
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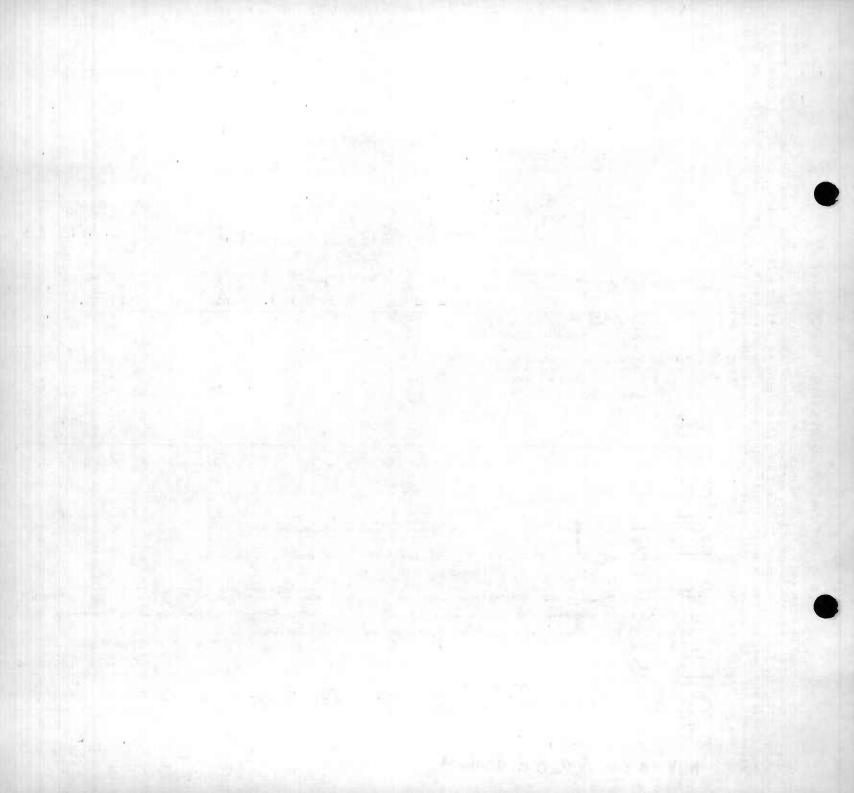
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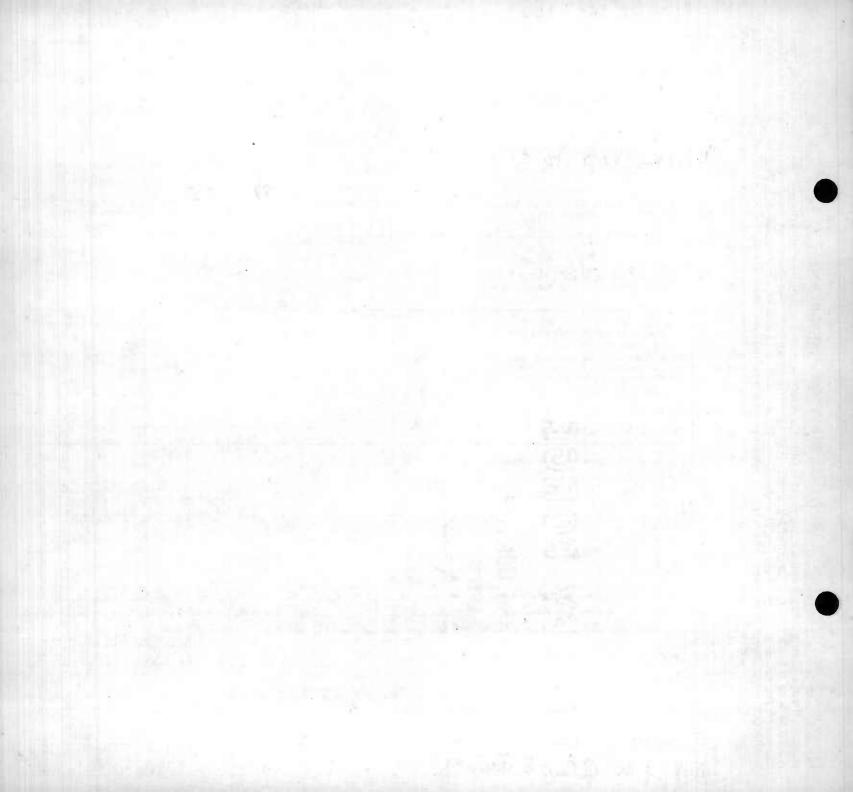
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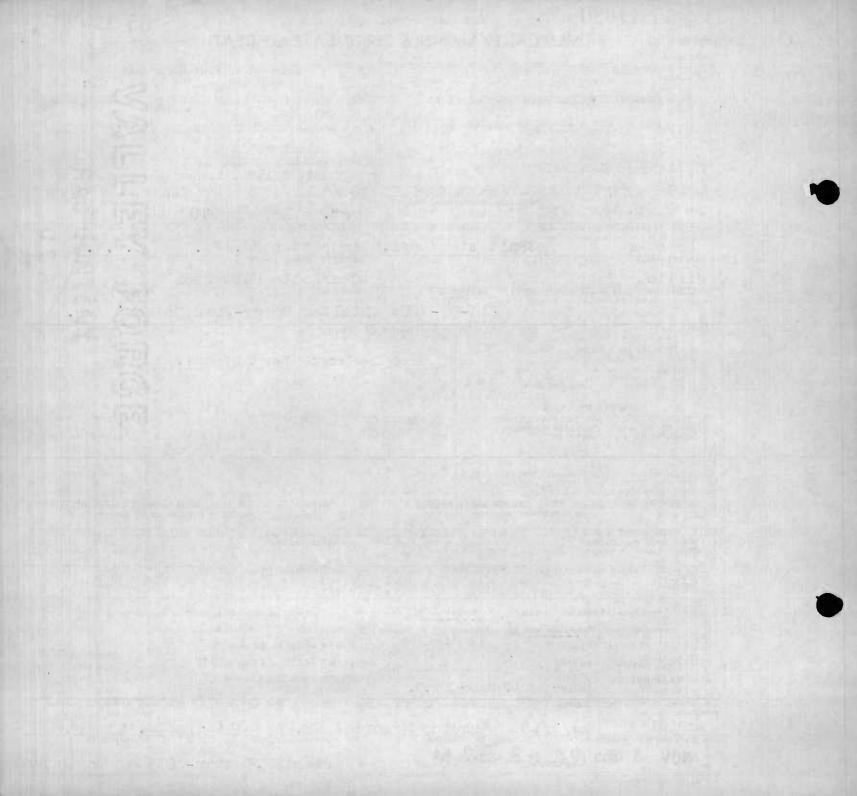
Herbert E. Nutter-3035 W. North Ave

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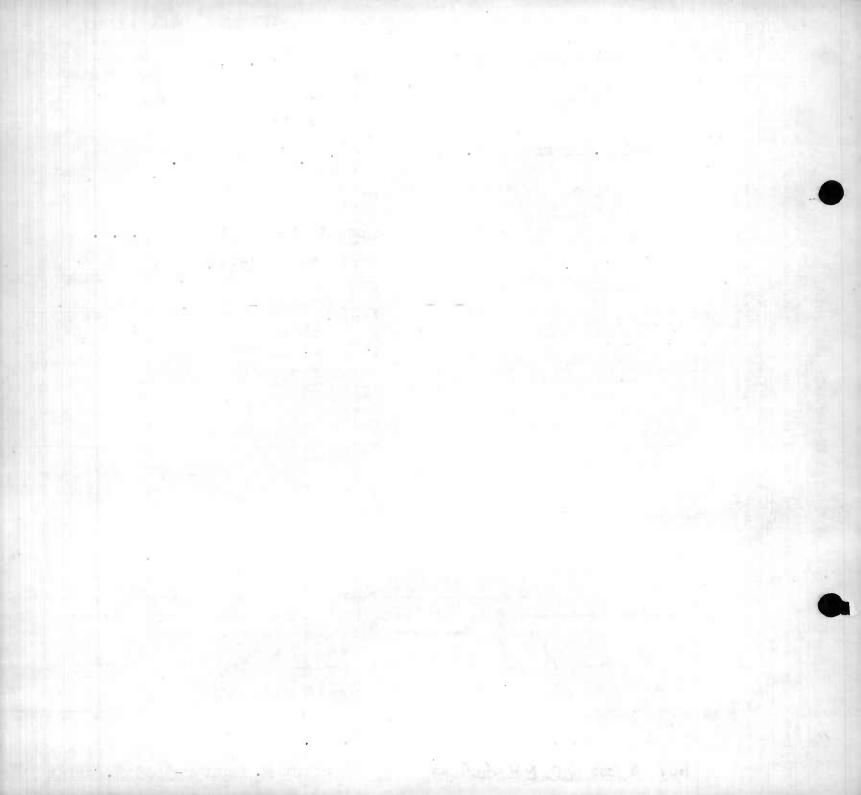
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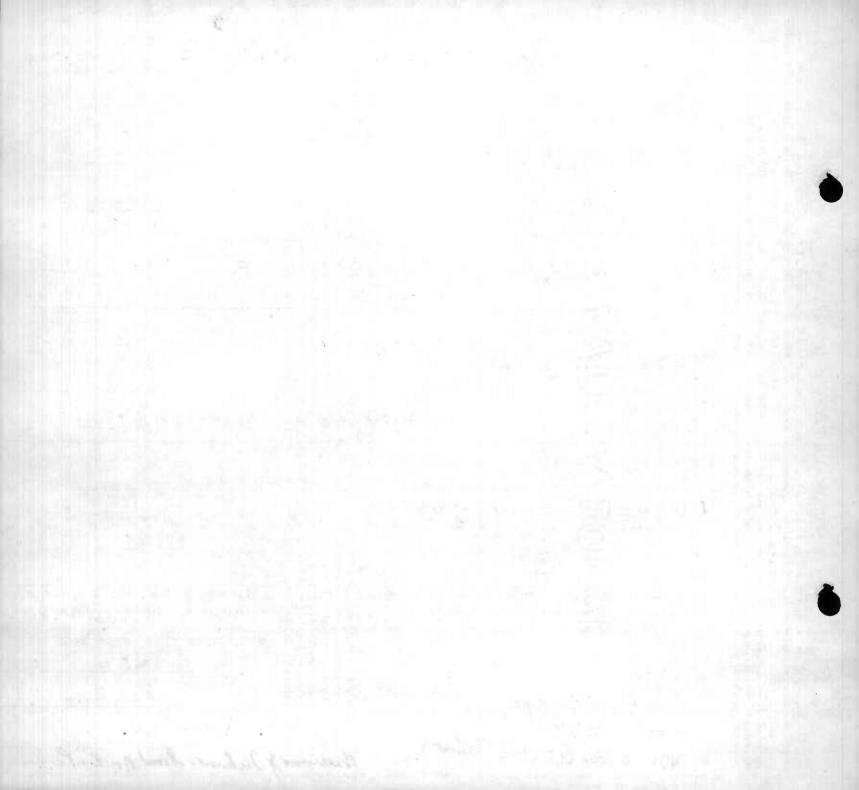
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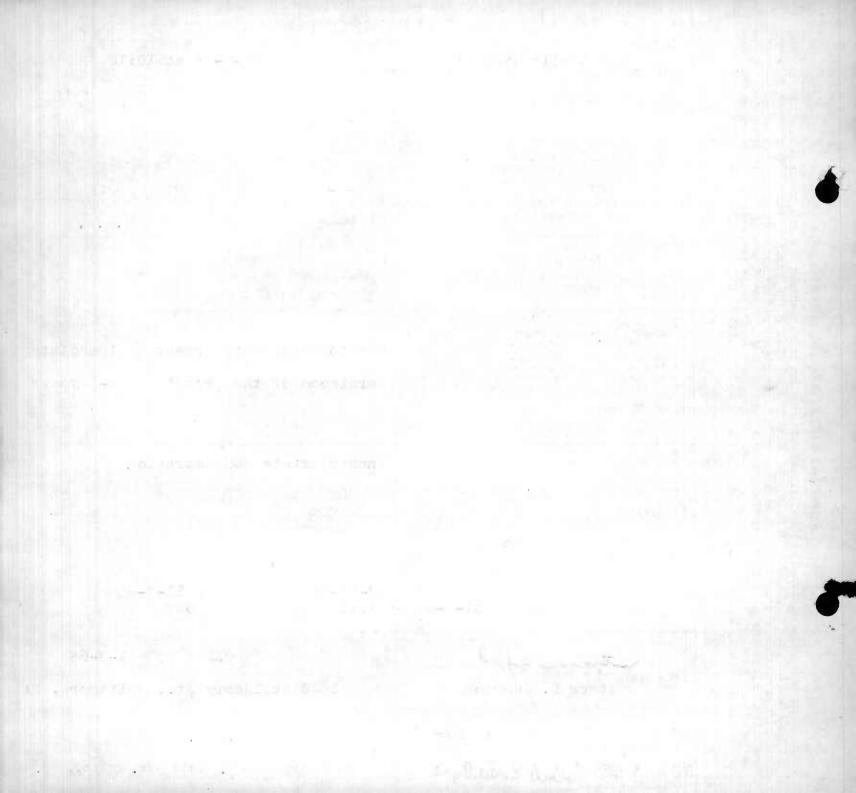


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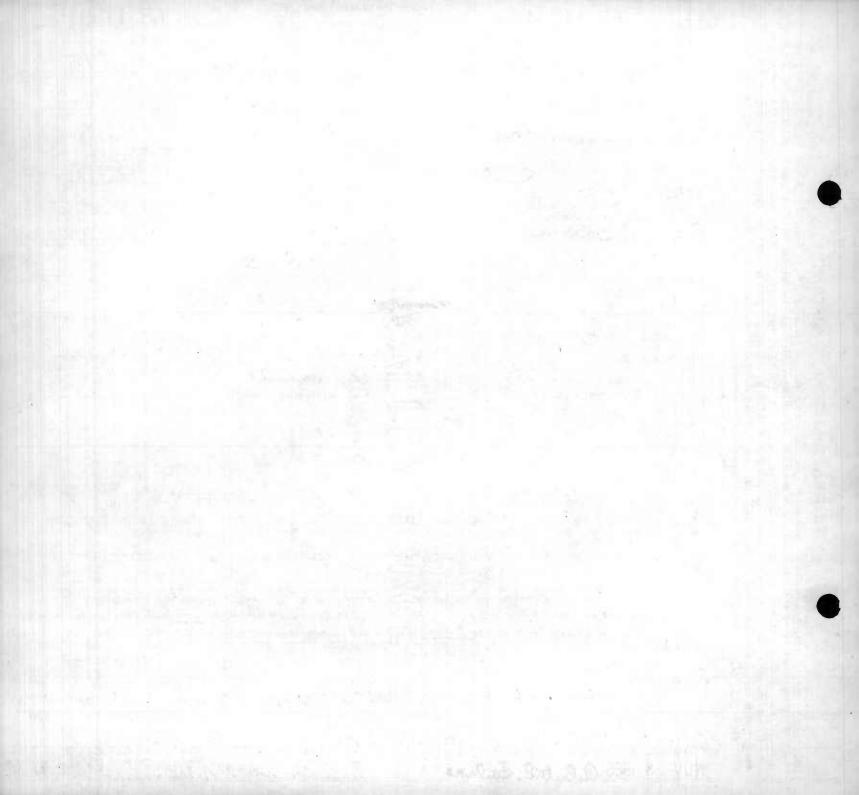
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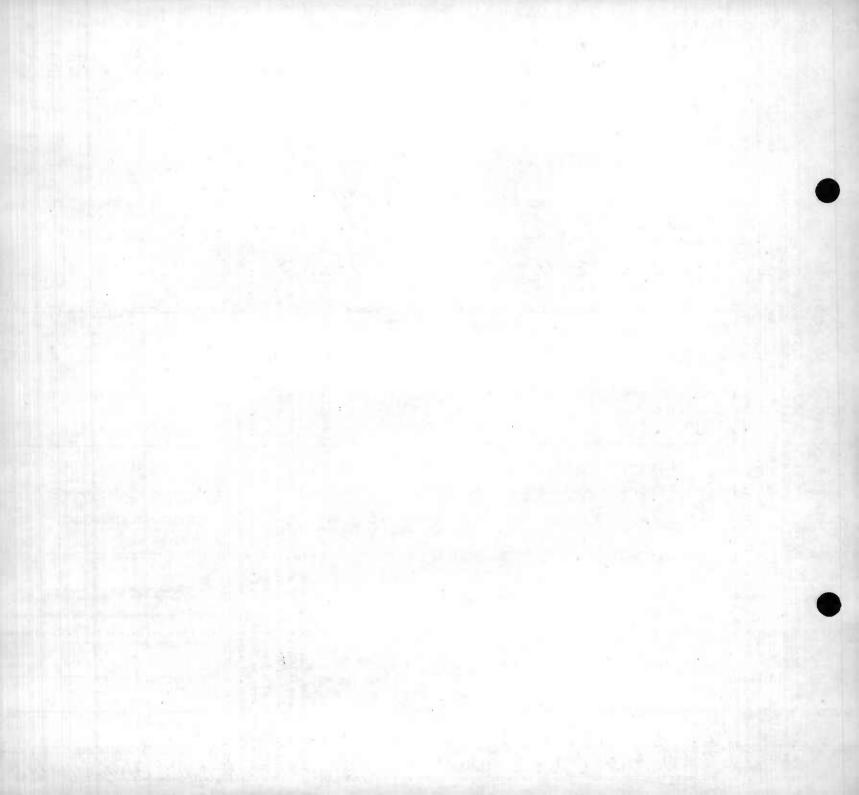


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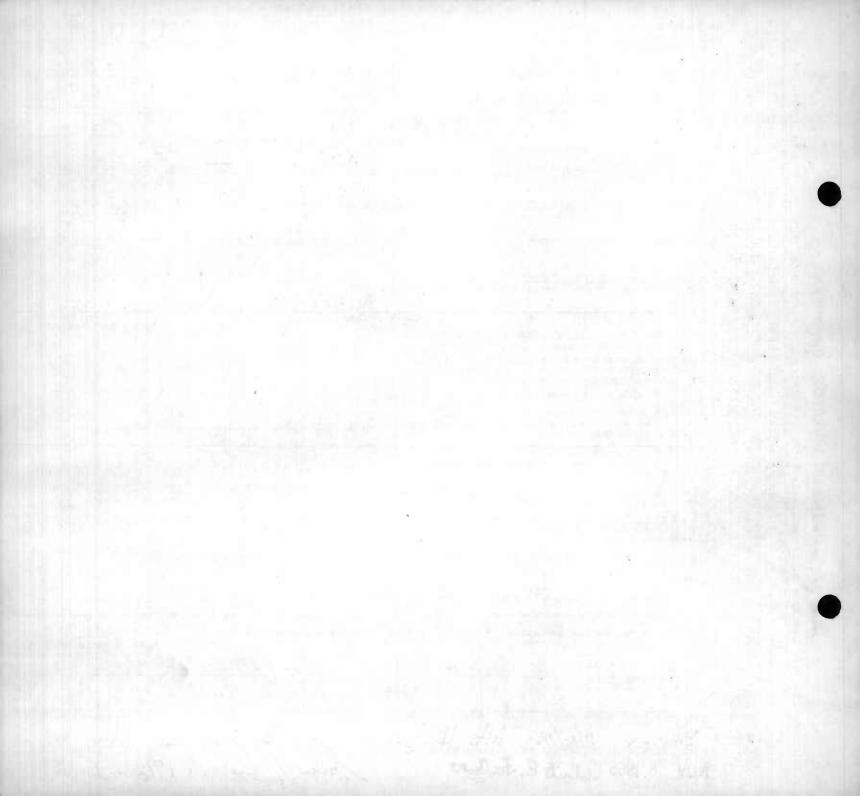
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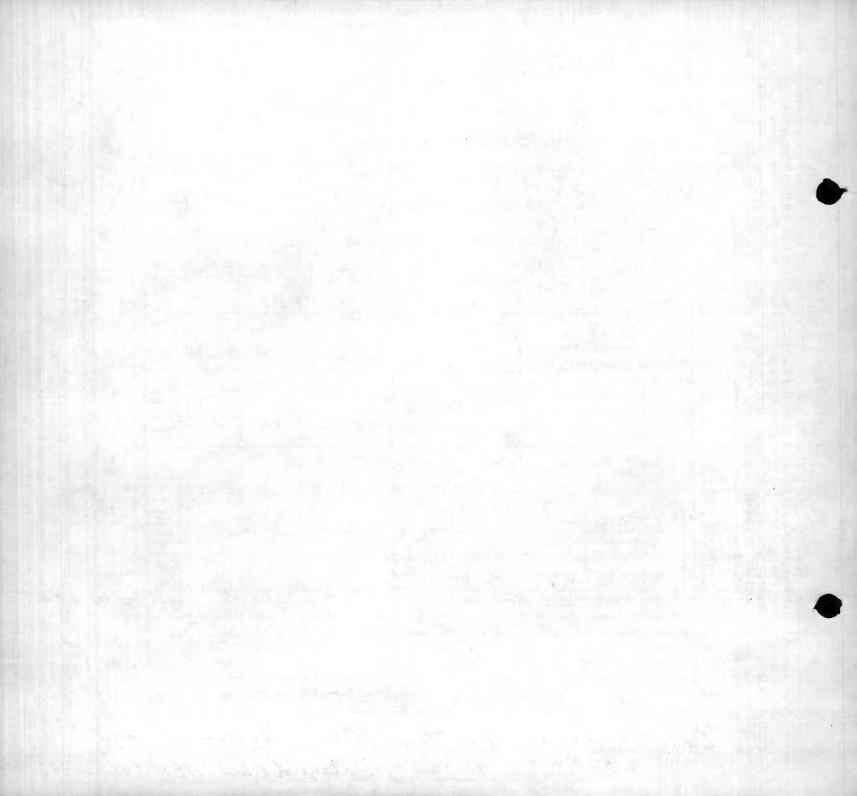
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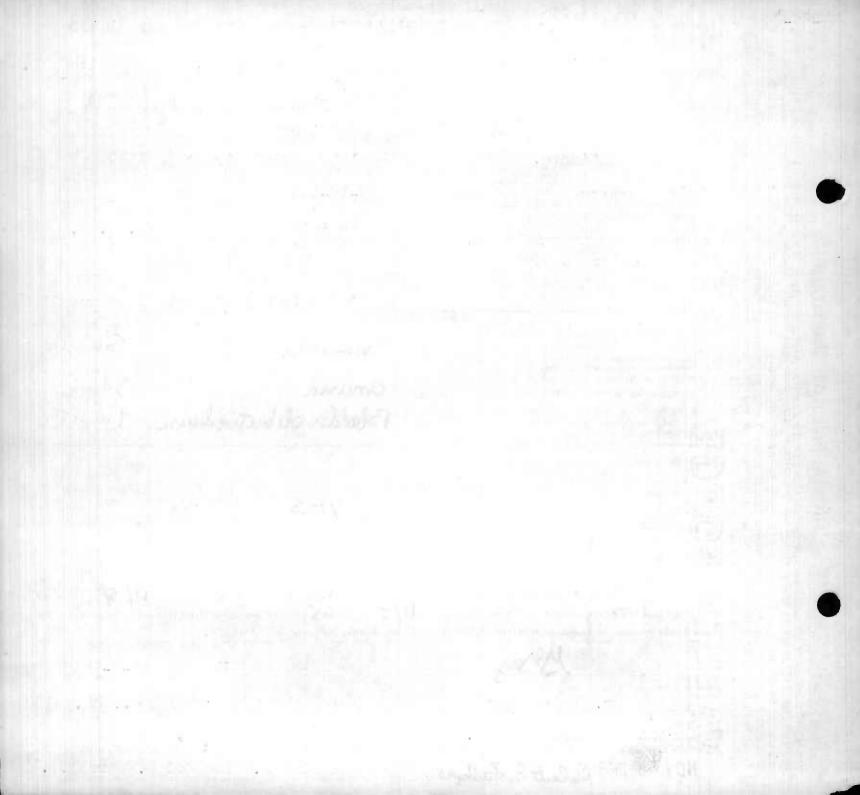


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ROBERT R. HOITHAUS

Registered No. CERTIFICATE OF DEATH BIRTH NO. of death Deceased Such and M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital 6 death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND attendance cause; (5) cause FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL 9 NOTUTITANT = contributing prior D. STREET ADDRESS (If rurol, give location) etermined is made regular MARRIED, NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min. eceased WIDOWED, DIVORCED (specify) lost birthdov 6 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF disposition death Ξ done during most of working life, even if retired) WHAT COUNTRY? (4) Und ŏ Mas the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death LO 15. Was Deceased Ever in U. & Armed Forces 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance any CAUSE OF DEATH pronounced DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, gular injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the physician UNDERLYING CONDITION lost. remains Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. physician 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) where INJURY OCCUR? home, form, foctory, street, office bldg., °Z hospital DEATH (notify medical examiner) any nature; MEDIC **b**y obtained 21 D. TIME (Hour) (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except Not While While At (APPROX.) and Work At Work 22. I certify that # (this hospital) attended the deceased from 5 normber Movember 19.65 and that in (my) (and) opinion death occurred on the date that (1) (we) last sow the deceased alive an_____ of hospital death) and hour and fram the couses stated above. (1) (We) (did) (did-not) view the body ofter deoth. must An accident 23A. SIGNATURE 23B, DATE SIGNED Attending Stoff Phy s M.D. Med. 0 approval awrence 0 23D. ADDRESS 23C. PHYSICIAN'S prior to NAME (Type) BROADWAY 4 24A. BURIAL CREMATION, 24B. DATE eceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) o REMOVAL (Specify) written shows: 11-5-65 The Johns Hooki Was

BALTIMORE CITY HEALTH DEPARTMENT

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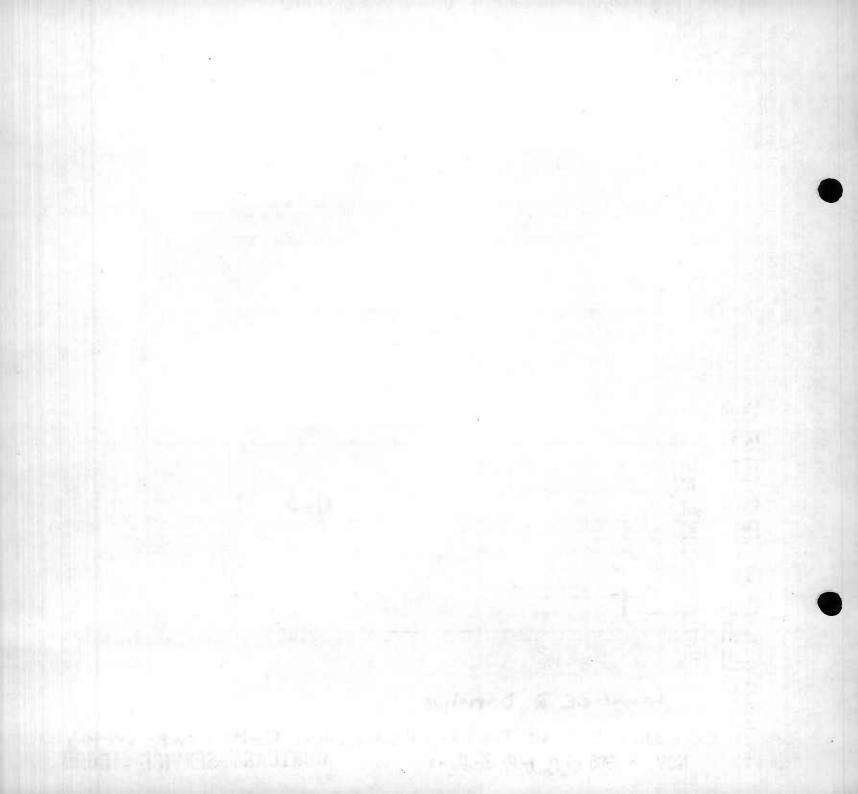
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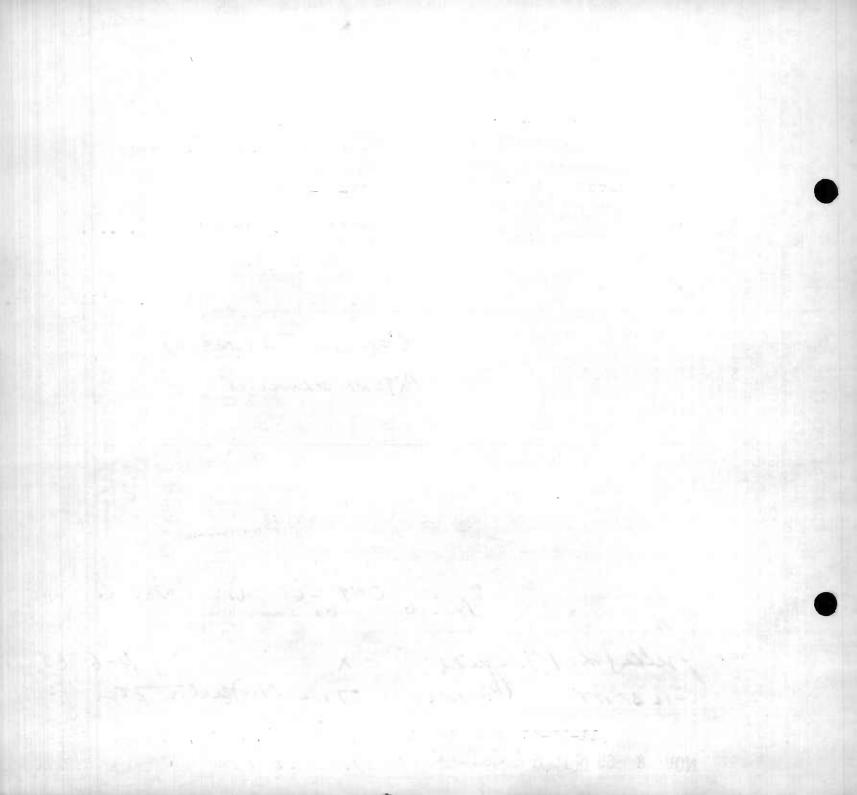
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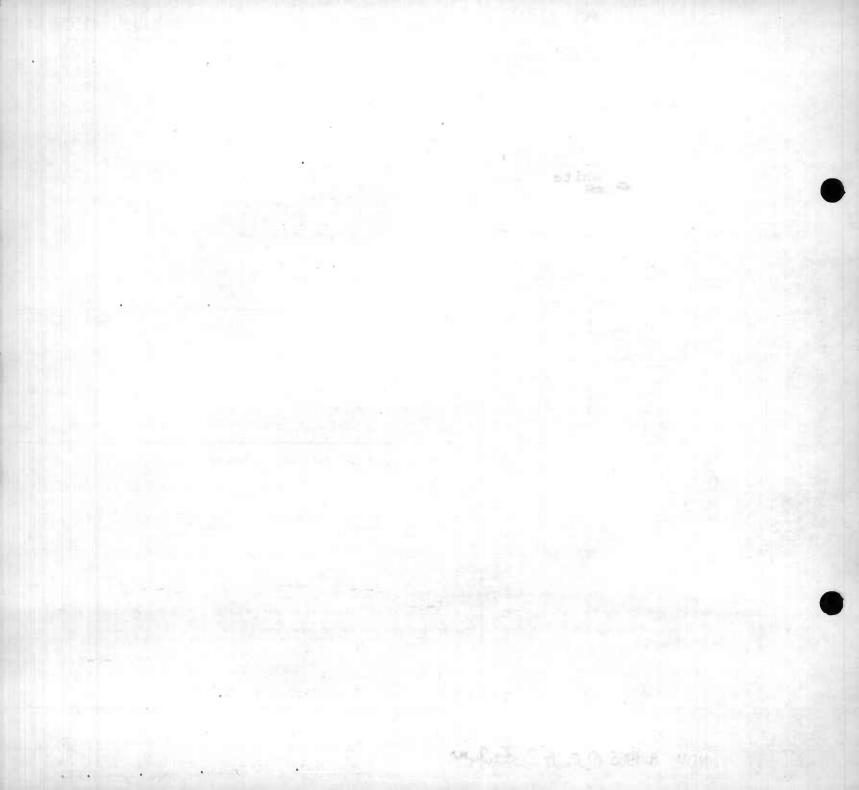
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BALTIMORE CITY HEALTH DEPARTMENT

M.E. CASE NO 1. NAME OF D Type or Print)	ECEASED	DINE! C	MITH	2. DATE A	AND HOUR OF DEATH	65	
	DEATH IN BALTIMORE, MA		E State of the St	4. USUAL RESIDENCE (WH			٨
FULL NAME HOSPITAL O INSTITUTION	OF (If not in hospital R address or location	ar institution, gıv n)		MARYLAND C. CITY OR TOWN (IF or BALTIMORE)	outside city limits, write	5-217	
5. SEX	6. RACE	7. MARRIED, N		B. DATE OF BIRTH	9. AGE (In years		ler 24 Hrs.
Female	Negro	WIDOWED	DIVORCED (specify)	11-21-1887	10st birthday) 78	Manths Days Haurs	Min,
	of working life, even if retired)	10B. KIND OF B	UŜINESS OR INDUSTR	Halifax Co.		12. CITIZEN OF WHAT COUNTRY?	
3. FATHER'S N				14. MOTHER'S MAIDEN NA		U.S. A.	
	CROWDER			DELILA CROW			
	ed Ever in U. S. Armed For	cos?	6. SOCIAL	17. INFORMANT	DUIC	ADDRESS	
	wn) (II yes, give war ar date		SECURITY NO.		Tm:: 1716		- A C
110			CAUSE	MR.ROSCOE SM	ITH 1716	N. Smallwo	
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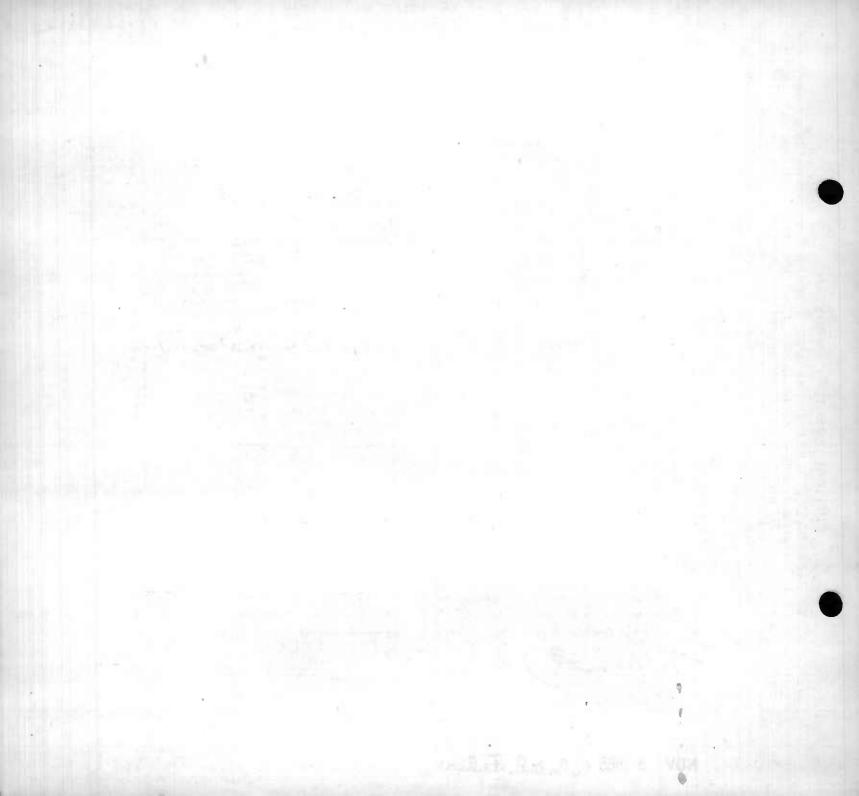


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IRTH NO.	65 1140	3	CERTIFICA	ATE C	F DEATH	Registered N	. 65 11403
NAME OF DECEASED	Alpha)				2. DATE	AND HOUR OF DEAT	TH .
Type or Print)	lfie Breed	len			Nove	mber 6, 19	65 11:35 a
PLACE OF DEATH IN BA	TIMORE, MARYLANI	0		4. USU	AL RESIDENCE (W	here deceased lived. II	f institution: residence before admis:
				A. SIA	ryland	UNTY	11/2 17
HOSPITAL OR odds	ot in hospital or instit ess or tocation)	tution, (jive street			- A-1 414 - 611416	te RURAL and give township)
INSTITUTION	1514 Divi	isio	n St.			outside city limits, will	te KUKAL and give township)
0	Provident				ltimore EET ADDRESS	(If rural, give tocation)	
	Baltimore						
SEX 6. RACE «	17 14 4		NEVER MARRIED		OZ N. Eut		
Female Female			, DIVORCED (specify)	B. DATE	OF BIKIH	9. AGE (In years tost birthday)	Months Doys Hours Mi
			Widowed	12/	25777	93	
A. USUAL OCCUPATION (Gone during most of working life,		ND OF	BUSINESS OR INDUSTR	11. BIRT	HPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife.					Vinninia		USA
FATHER'S NAME				14. MO	THER'S MAIDEN N	AME	
? Sisk					bna		
. Wos Deceased Ever in U.	S Amed Farrage		1 6. SOCIAL	17 15150	UNKNOWN		ADDRESS
es, no or unknown) (If yes, gi	e wor or dotes of se	rvice)	SECURITY NO.				
no			none	Don	ald Broul	es 4 E. Mai	n Blvd.
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LEADING	TO DEATH		(A) I	rreve	rsible Sh	lock	
(This daes not meon heart failure, asthenia,			DUE TO		TT 00 0 4 4 4 4 4 0 0 4 4 4 4 4 4 4 4 4	### ### ## ## ## ## ## ## ## ## ## ## #	* a 6 0 * ****
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UNDERLYING CONDIT	ION lost.						
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19A. DATE OF OPERATIO		losa					
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DEATH (notify medical ex	ominer)	etc.)					
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(APPROX.)			le At Not Whi				
		Wor		1-6-6	-	1	1-6-65
22. I certify that (I) (t			11-6-65			19ta	19
that (I) (we) last saw	the deceased aliv	e an		1	7 and	that in (my) (aur) o	pinian death accurred on the
and haur and from the	causes stated abo	ve. (I	(We) (did) (did nat)	view the	bady after death	h.	
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23C.PHYSICIAN'S	300	25	`	23D. ADI		. 117 00	
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	ndre Rigau						
A. BURIAL CREMATION, REMOVAL (Specify)	4B. DATE	24C. NA	ME of CEMETERY OF CE	EMATOR	24D.	LOCATION	(City, town, or county) (Sto
Bunial	77/0/65	Pa	plan (emeter	1	(0	chouse: 11-	Mar 1 1
A. DATE REC'D BY HEALT	DEPT. 1258. N	ME A	FREGISTRAR	0 25C.	FUNERAL DIRECT	OR OR	ADDRESS
NOV 8 1965 (Polest E.	Jan	F REGISTRAR	(7	ohn A. 110.	ran, Inc. :00	20 6 0 1. 6.
150 PEV 1/1/46	~			0	110	racity stice, the	o C. Salto St



VS 150-REV. 1/1/65

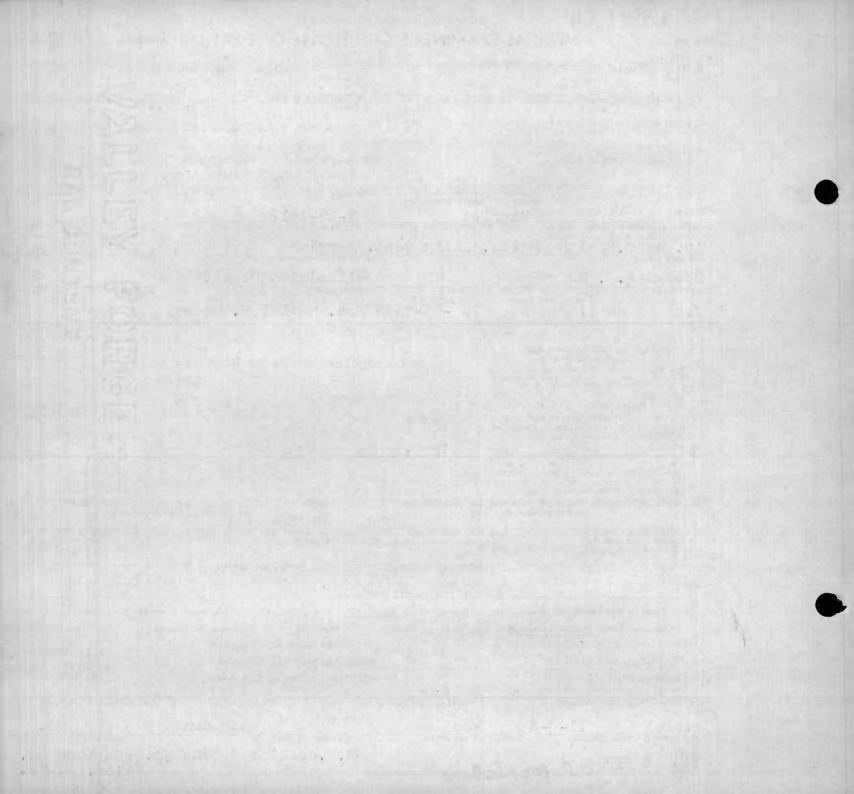
			BALTIMORE CIT	TY HEALTH DEPARTMENT		05 44404	
BIRTH NO.	65 11	404	CERTIFICA	ATE OF DEATH	Registered No	.65 11404	
M.E. CASE NO.	EASED			2. DATE AN	ID HOUR OF DEAT	H	
Typo or Palte		ranch			mber 5, 1	1	
	ATH IN BALTIMORE M.					institution: residence before admis	
				A. STATE B. COUN	TY	1 ~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
FULL NAME C			n, give stroet	Maryland		15-01	
HOSPITAL OR	oddress or locoti			C. CITY OR TOWN (If out	tsido city limits, write	RURAL and give township)	
0	Provid			Baltimore			
1	1514 D:			D. STREET ADDRESS (If	rurol, give location)		
			aryland	1438 Mountme	r Court		
• SEX	6. RACE		ED, NEVER MARRIED VED, DIVORCED (specify)		9. AGE (In years lost birthday)	Months Doys Hours Mi	
Male	Negro		Widowed	Dec.22, 1899	65 ?		
			OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stoto or forei	gn country)	12. CITIZEN OF	
Chef co	working life, even if retired)		Halimore	Unknown		WHAT COUNTRY?	
3. FATHER'S NA			Unknown	14. MOTHER'S MAIDEN NA	AAP.	ODA	
					VIE		
Un	known			Nannie ?			
	Ever in U. S. Armod Fo		1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
- Jane of Glikliowi	yes, give wor or do	00 01 3614166	SECURIT NO.	Man Donnie Del	יות מומ ב	him Ch	
18.	1		CALICE	Mrs. Bessie Bel	T A48 DOTE		
00	/ X					INTERVAL BETWEEN ONSET AND DEATH	
DISEA	SE OR CONDITION D LEADING TO DEATH		<u></u>	relival Vascul	. 0	/	
(This does	nat moon the mode o		(A) C	celital baselie	en cocile	w/	
	asthenia, etc. It mean						
injury or con	nplication which couse	d death.)					
	ANTECEDENT CAUSE	S	(B)		9 15 1		
	OR CONDITIONS, if		ng				
	e above couse (A) G CONDITION lost.	staling t	he (C)			•••••••••••	
ON DEREITH							
OTHER SIGN	IFICANT CONDITIONS	CONTRIBUT	ING (Ac	cident room dea	ath)		
= 10 10 0	EATH BUT NOT REL	ATED TO			4		
	CONDITION CAUSING		P WHICH OPERATION	20A. ALITOBEY? (Yes as No	208 IF VEC WIER	E EINDINGS CONSIDERED	
19A. DATE OF		REDRINED	A WHICH OFERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING C	AUSES OF DEATH?	
	NT WAS UNDERLYING	7 6	I B BLACE OF INITIAL		(1¢ ' B 1.	Ch. d. a.	
OR CONTRIBI	UTING CAUSE OF	H	iomo, form, foctory, street,	office bldg., INJURY OCCUR?	ut in Bothm	ore City, give exact location)	
DEATH (notify	medical examiner	C	otc.)				
21D. TIME	(Month) (Doy) (Year	(Hour) 2	LE INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
OF INJURY		1	White At Not Wi				
			Work At Wor	11-5-65	17	-5-65	
22. I certify	that (1) (this hospita	l) attended	the deceosed fram		19to 11		
that (I) (we)	lost sow the deceas	ed olive or	, 11-5-65			pinlon deoth occurred on the	
ond hour an	d from the couses sto	ted obove.	(1) (We) (did) (did not)	view the body ofter deoth.			
23A. SIGNATU						238. DATE SIGNED	
171.0	0,,0	01	M.D. A	ttending Med.	Stoff N	11-6-65	
23C. PHYSICIA	AN'S	July	Ziseny,	23D. ADDRESS	Stoff Phys.	11-0-07	
NAME (1	Type)				0.		
Wil	liam L. Joh	nson	M.D	1514 Divisi	ion St.		
AA. BURIAL CRE		24C.	NAME of CEMETERY OF C	REMATORY 24D. L	OCATION	City, town, or county) (Sta-	
REMOVAL (apecity)			E	Brooklyn	Md	
Burial	BY HEALTH DEPT.	5 M1	Calvary Come	25C. FUNERAL DIRECTOR		ADDRESS ,	
		L C	Za D. MA	Call be director	1.100	22 M. March	
NOV	8 1965 Rober	かと、く	rankey M. W	Joseph L. K	was of	2. Mount	



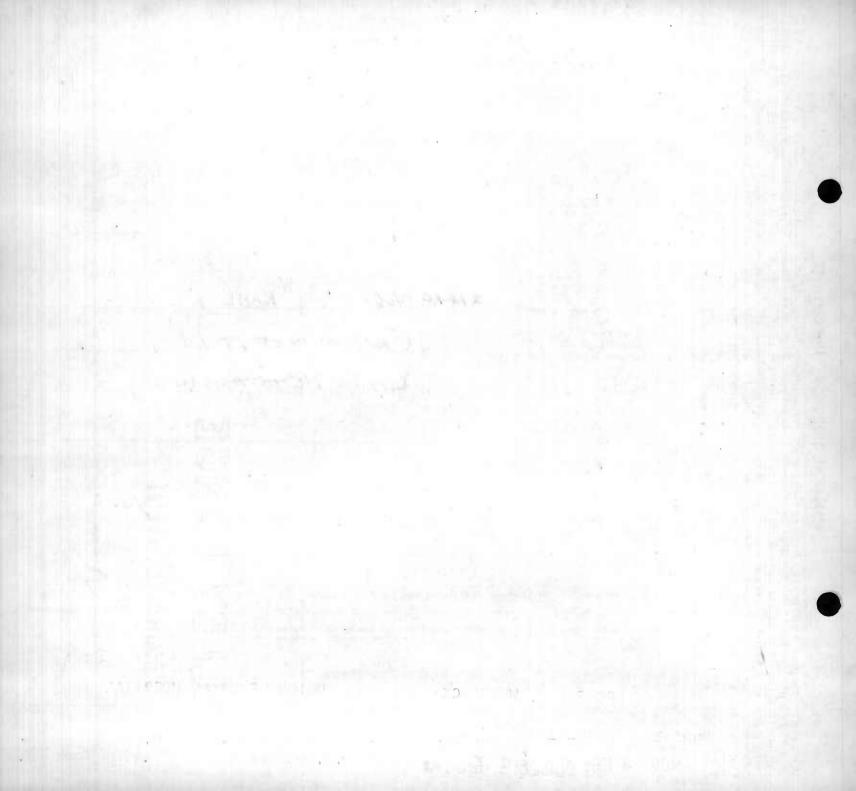
BALTIMORE C	CITY HEALTH DEPARTMENT
BIRTH NO. 65 11405 CERTIFIC	CATE OF DEATH Registered No.
M.E. CASE NO.	00 11400
NAME OF DECEASED Type property Communication of the communication of th	2. DATE AND HOUR OF DEATH
WOODLAND, MILION	J/C, 11-6 2:15 A
PLACE OF DEATH IN BALTIMORE, MARYLAND	A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissic
FULL NAME OF (If not in hospital or institution, give street 11-16	-65 ma ov. aug
CERTIFICATE AMENDED	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
WERNIFICALE AMENDED	
LUTHERAN HOSPITAL OF MARYLAND	D. STREET ADDRESS (If rurol, give location)
LUIHER AND HOSPITTE OF HITTER TONIO	1 0
	3025 WINDSOR AVENUE #16
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 H. Months Doys Hours Min.
MALE WHITE MARRIED	3)30/98 99 /1/1/ 66
OA USUAL OCCUPATION (Give kind of work) OB, KIND OF BUSINESS OR INDUS	
one during most of working life, even it retired)	WHAT COUNTRY?
Retired Seaman	Md. USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
2 4 6 2	2 A T 2 M
late Soloman	late Lula T.
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
JEGORITI NO.	Rev. Marguerite Schwartz, 524 Random F
1B. 3,83 2 X I	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	parte Yalmorary Edoug
(This does not mean the made of dying, e.g., DUE TO	
heort foilure, osthenio, etc. II means the disease, injury at camplication which caused death.)	0 10
(0	reprovas enlar-thromposis
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, if any, giving	11 Parala al Mar
rise to the above couse (A) stating the (C)	green few ston
UNDERLYING CONDITION last.	3 1
O THE SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
19A DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	
OR CONTRIBUTING CAUSE OF home, form, foctory, street	g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) t, office bldg., NJURY OCCUR?
DEATH '(molify fiedical examiner)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S OF INJURY	While
(APPROX.)	
22. I certify that (1) (this hospital) attended the deceased from	10-30- 19 asto 11-6 196
14 - 12	
that (I) (we) last saw the deceased alive on	2 Km19 Ces and that In(my) (aur) opinion death occurred on the d
and have and from the couses stated above. (1) (We) (did) (did not	t) view the bady ofter death.
28A. SIGNATURE	23B, DATE SIGNED
	Attending Med. Stoff
Corrama (Comaning)	Phys. Director Phys.
23C. PHYSICIAN'S	23D. ADDRESS
NAME (Type)	
SAMULT KUDIN "	l. D.
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (City, town, or county) (Stote)
burial 11/9/65 Solam T	Catonaria
-1 Job Balem Linther	Catonsville, Md.
	ADDRESS ADDRESS
NOV 8 1965 Robert E. Farley 1.	Witzke F.D. 4101 Edmondson Ave
\$ 150-REV. 1/1/65	The state of the s

vs 153 signed by funeral director. 11-16-65

BIRTH NO.	MED	ICAL EX	(AMINER'S CI	ERTIFICAT	TE OF I	DEATH Registe	ered No.	1406
M.E. CASE NO.								
1. NAME OF DEC	GEORGE		SWALD N	10TRY		per 5, 1965		:50 A
2 BLACE IN SALT	IMORE MARYLAND, W							
S. PLACE IN BAL	IIMORE MARILAND, W	HERE PRONOT	JACED DEAD	A. STATE	yland	deceased lived. If inst	INTY	pelore dollars sid
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOV	VN (If outsid	e corporate limits, write	RURAL ond giv	e township)
Y	IIo on i to 1				timore	4	38	
Siliai	Hospital			D. STREET ADDI		Raven Blvd.		
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specily)	B. DATE OF BIRT	Н	9. AGE (In years last birthday)	If Under 1 Yr. Manths Days	If Under 24 H
Male	White	Marri	Od BUSINESS OR INDUSTRY	9-29-	1912	53		
	UPATION (Give kind of worl warking life, even if retired)	OR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig	gn country)	12. CITIZEN OF	UNTRY?
Dir.Env:	ir.Health	Balto.	Health Dept	. Maryla	and		USA	
3. FATHER'S NAM				14. MOTHER'S M				
	A.F. Motry		II4 SOCIAL	Wilhel	mina 0	swald	ADDRESS	
Yes, na or unknown	(If yes, give war ar date		16. SOCIAL SECURITY NO.			26 26 1	1000	
Yes	WW 11		705-05-7352	Mrs. M	uriel	M. Motry	Abov	Э
18. 4 2	0:01		CAUSE	OF DEATH				RVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY						
DISEASES RISE TO TH	ANTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S	ES NY, GIVING	(8)DUE TO					
_	NG CONDITION LAST.		(C)					
<u>ē</u>	11							
TO THE	NEFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO T						
-	OPERATION 19B. CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY Yes		20 B. IF YES, WERE FI		PERED
O UNDERLYING	L CAUSE WAS OR CONTRIB-	21 B. hame etc.)	PLACE OF INJURY (e.g., , farm, factory, street, c	in or obout 21 C. V office bldg., INJURY	HERE DID	(If in Boltimore City, gi	ive exact lacation	
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo		WHILE AT NOT	WHILE ORK	I'M DID WC	URY OCCUR?		
22.	tify that I held on I				that on th	is bosis, deoth in 1	my oninlen	1122
	ted from: Natural co					Undetermined monn		
resul	Troin. Natural 20	uses 🕰 🗡	Accident Suicid		EDICAL EX		01	
ACTUA		iles !	1 Eur	ASSISTANT M			DA	TE SIGNED
SIGNAT			M. D.	ASSOCIATE M			1	1/5/65
EXAMIN NAME (s S. Pet	ty, M.D.	ASSOCIATE M	LDICAL E.			-, 5, 65
23A. BURIAL CRE	MATION, 238 DATE	23	C. NAME of CEMETERY o	CREMATORY	23 D. L	OCATION (City	, town, or caunty)	(State)
Burial	" 11-8-	-65	Woodlawn		M	loodlawn		Md.
	BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR		ADDRE	SS
NOV 8	1965 1965			H.W.J	enkins	& Sons C		
VS 151-REV. 1/1/	1303 (1303)	18.3	October 1				Balto	.12, M
S ISIPKEV. I/ I/	03				1			



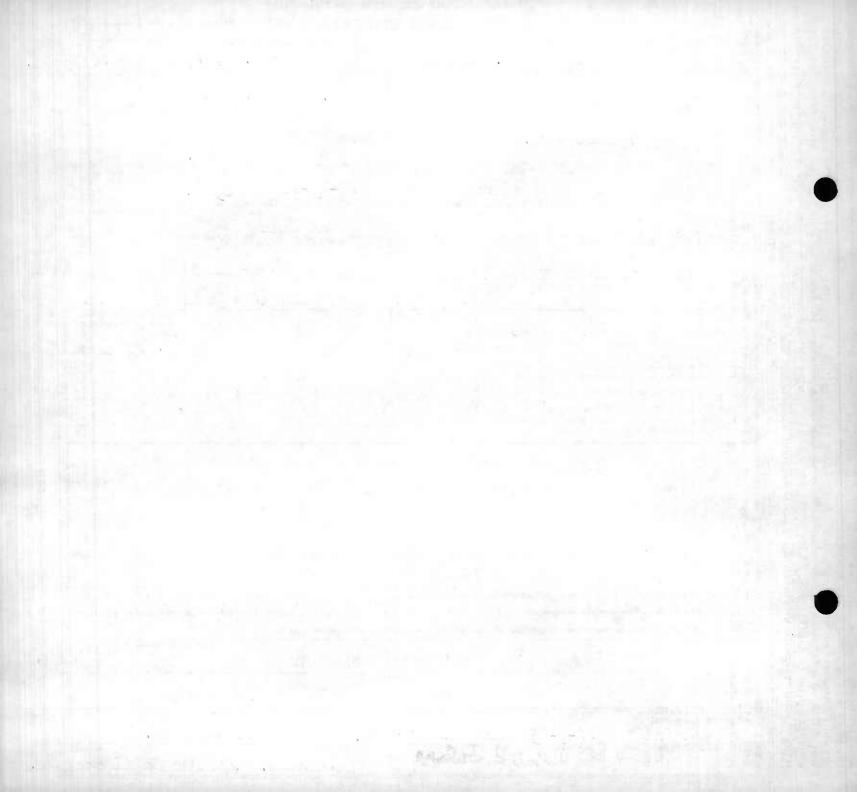
1	65 11407 BALTIMORE CITY	HEALTH DEPARTMENT
400	BIRTH NO. CERTIFICA	TE OF DEATH Registered No. 65 11407
ath sec the	M.E. CASE NO. 1. NAME OF DECEASED.	2. DATE AND HOUR OF DEATH
- D D E O	(Type or Print) DONALD KAHL	11/6/65 6:30 Am.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
S	FULL NAME OF ()I not in hospital or institution, give street	MARYLAND 9-01
- 3 T	HOSPITAL OR oddress or locotion)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
se ca		BALTIMORE
in att	1 UNION MEMORIAL HOSP	D. STREET ADDRESS (If rurol, give locotion)
ed dir		3826 EDWOR RD.
tribu mine gula sed mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED, (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 4 Months Doys Hours Min.
er er sis	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
der in de	SUPERVISOR - CLEKKER HOSPITAL	MARCILLAND WHAT COUNTRY?
Jan Jan Sit	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
if dect waw wa the		
dire	JOHN H. KAHL	LILLIAN ROHRBAUGH
B 0 B 5 0 -	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT W
the the kin de nce fina	NO11216 218-18-5466	SARAH KAHL 8/A
97 500		F DEATH INTERVAL BETWEEN
f ar nce and d o	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
Als ou	LEADING TO DEATH	RCINOMA OF LT LUNG
2007	(This does not mean the mode of dying, e.g., DUE TO heart failure, as)henia, etc. It means the disease,	
pr pr	injury ar complication which caused death.)	FUSÉ METASTASIS FROM(A)
frigo o	ANTECEDENT CAUSES (B) DUE TO	
X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, it any, giving	
	rise la lhe above cause (A) slaling lhe (C) UNDERLYING CONDITION last,	
ical tal 18; icia as ain		
dicdic	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
m d d d d d d d d d d d d d d d d d d d	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
ody ody sici	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSYT (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by by	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID (If in Boltimore City, give exact location)
the all by (2)	OR CONTRIBUTING CAUSE OF home, form, foctory, street, or DEATH (notify medical examiner)	ffice bldg., INJURY OCCUR?
N K P	O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
pt pt (6)	OF INJURY While At Not While	
ov n n d d d d d	Work AT Work	1 1 1
the ex ex	22. I certify that (t) (this hospital) attended the deceased fram 10	118-11-
ap to to fo h);	that (H) (we) lost saw the deceased alive on 680 AM 1	1 16.19 65 and that in my) (our) opinion death occurred on the date
0 -	and hour and from the couses stoted above. (†) (We) (did) (did not)	view the body after deoth.
ased dent ospit dear	23A. SIGNATURE	23 B. DATE SIGNED
50:50	Kay N Wills M.D. Att	ending Med. Stoff Phys. Stoff
0 - 0 >	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
was r was r An at prior	ROBERT N. WHITLOCK M.D.	UNION MEMORIAL HOSPITAL
A P	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (State)
ET OO =		
m :-	Burial 11-9-65 Moreland Memo	Park Baltimore Co. Md.
This the show was deco	NOV 8 1965 P. D. A. E. Farlund	H.W.Jenkins & Sons Co.4905 York Rd.
	VS 150-REV, 1/1/65	



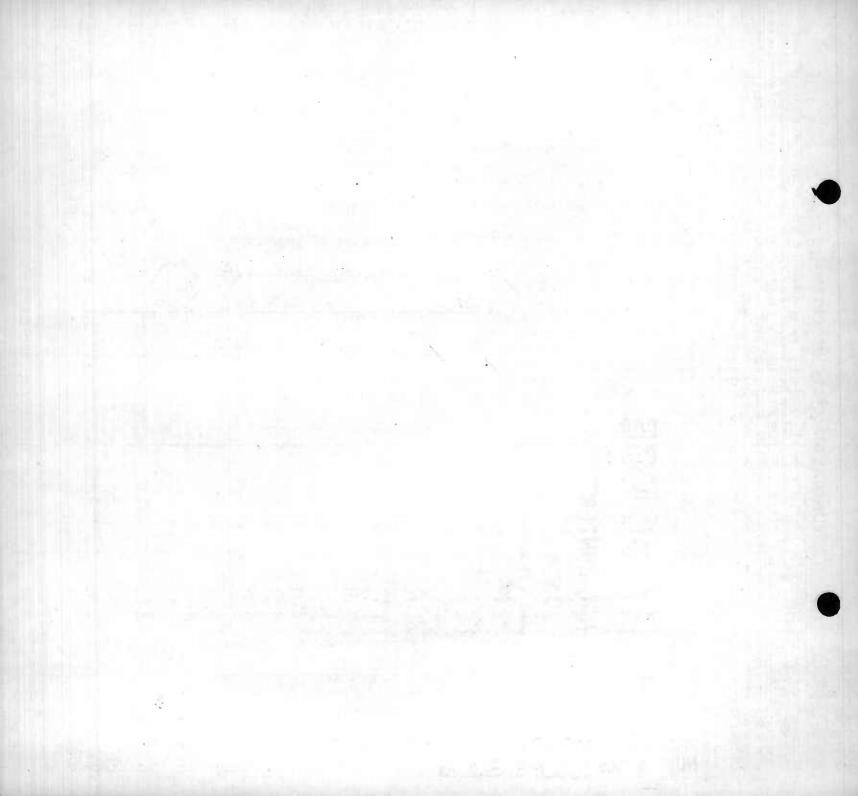
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VS 150-REV. 1/1/65

Leonard J. Ruck Inc Baltimore, Md.

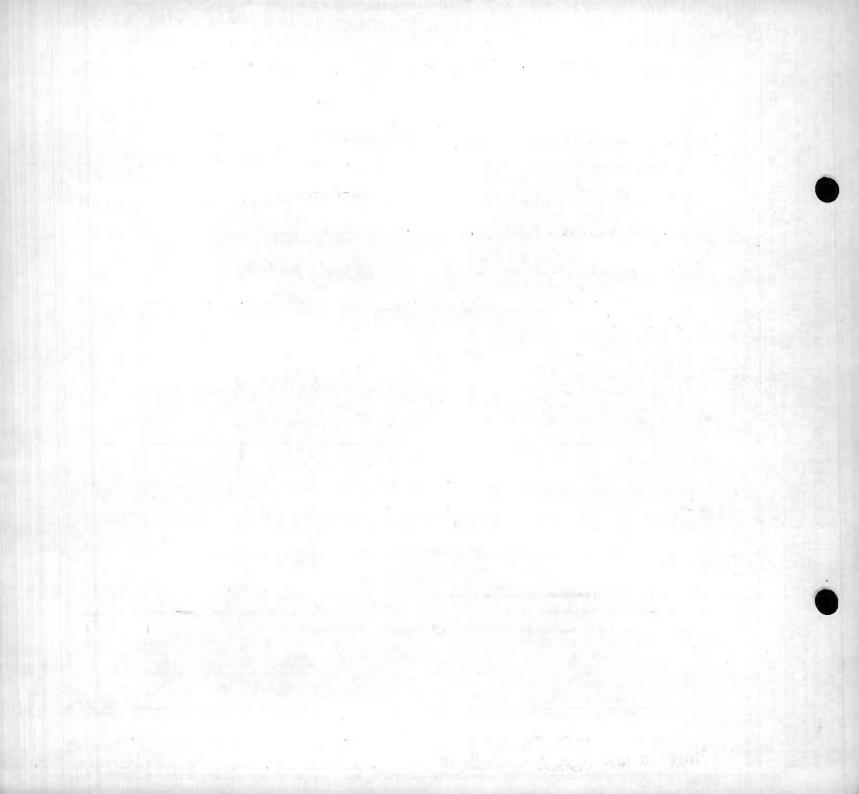


	CE 44540	BALTIMORE CITY	HEALTH DEPARTMENT		
	и но, 65 11410	CERTIFICA	TE OF DEATH	Registered No.	11410
	AME OF DECEASED			ID HOUR OF DEATH	LLILO
	De or Print) MI Wed A.	Boss	Z. DATE AP	11.7.	65 3 3
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If inst	itution: residence before admis
P	FULL NAME OF (If not in hospital ar instituted of the state of the sta	tion, give street	MO		02
	NSTITUTION	0.1	C. CITY OR TOWN, (If ou	Iside city limits, write RU	(KAL and give fawnship)
9	1	call asital	D. STREET ADDRESS (II	rutal, give lacation)	Vien St
5. 5	Tary our Our	RIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24
J, 3	F WIDE	OWED, DIVORCED (specify)	3.27.04	lost birthday	If Under 1 Yr. If Under 24 Months Days Hours Mi
	. USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS) OR INDUSTRY	11. BIRTHPLACE (State or fare	gn country)	12. CITIZEN OF WHAT COUNTRY?
1	Bookkeeper 9. S	un Paper Co.	Mary	and	USA
13.	FATHER'S NAME		14. MOTHERS MAIDIN NA	ME	A DO
16	Was Deceased Ever in U. S. Armed Farces?	05 3 5	17. INFORMANT	N& UDV	ADDRESS
Yes	s, no or unknown) (If yes, give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO.	1 - S- A	tal Ol	2 H
	10 U 18. // 4/ => X	CAUSE 0	F DEATH	Jan Che	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			111.	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying,	e.g., Due 10	savach room	Henorry	10 you
	heart failure, asthenio, etc. It means the distinjury or complication which caused death.)		1000		
	ANTECEDENT CAUSES	(B)	HOCAP	සහය කිසින ස් සහ සමාදාල සහ කළා ලැබුණුල්ලා ලෝක වැඩිදුරු එදා ගැන ලේක	MA-61 - 240,040 an anna 30 an 200 000 000 000 000 000 000 000 000 00
	DISEASES OR CONDITIONS, if any, gi	DUE TO '			
	rise to the obove cause (A) stoling UNDERLYING CONDITION lost.		*	••••••••••••••••	
	II				
ON	OTHER SIGNIFICANT CONDITIONS CONTRIB				
ATI	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? Yes or No	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
CER	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimare	City, give exact location)
CAL	DEATH (natify medical examiner)	etc.)	inco stage, into all occor.		
MEDI	21 D. TIME (Month) (Doy) (Year) (Haur) OF INJURY	21 E. INJURY OCCURRED While At Not Whi	21F. HOW DID INJ	URY OCCUR?	
	(APPROX.)	Wark At Work		11	11 - /
	22. I certify that (1) (this hospital) attend	led the deceased from		19 6 3 to	11 1960
	that (1) (we) last saw the deceased alive			ot In(my) (our) opini	on death accurred on the
	and haur and from the causes stated about	78. (1) (We) (did) (did not)	view the bady after death.	`	
	23A. SIGNATURE		ending Med.	Stoff 1	23B. DATE SIGNED
		Phy		Phy s.	10 1.63
	23 C. PHYSICIAN'S		230. ADDRESS		
	23 C. PHYSICIAN'S NAME (Type)	M.D.	230. ADDRESS		
	NAME (Type) N. BURIAL CREMATION, 24B. DATE 24B.	M.D.		OCATION (City	, town, or county) (Sto
	NAME (Type)			1	, town, or county) (Sto
24A	NAME (Type) C. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Durial J1-10-65 C. DATE REC'D BY HEALTH DEPT. 25B. NA		Cemetery Ba	ltimore, M	d. ADDRESS Baltimore, Mo
	23C. PHYSICIAN'S NAME (Type)	M.D.	230. ADDRESS		



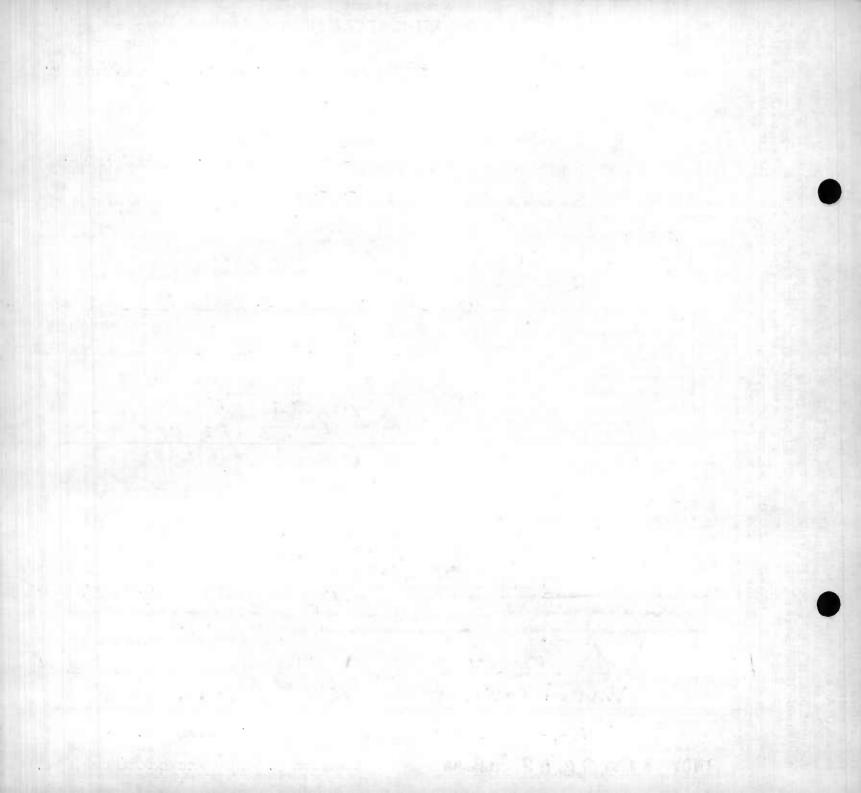
FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE	CITY HEALTH DEPARTMENT	OF AAAAA
	H NO. 65 11411 CERTIFIC	CATE OF DEATH Registe	ered No. 11411
	CASE NO.	2. OATE AND HOUR O	F OEATH
	e or Print)	Nov. 7,	1965 2307
3. P	PLACE OF OEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased	lived. If institution: residence before odm
		A. STATE B. COUNTY	
F	*ULL NAME OF (If nat in hospital or institution, give street address ar lacation)		altimore
	NSTITUTION	0 11. 211	nits, write RURAL and give township)
4	Union Memorial Hospital	O, STREET ADDRESS (If rural, give to	vention)
1	arcon menoral riospecal	8345 Hillendal	A 1
5. S	EX 6. RACE 7. MARRIED, NEVER MARRIED	B. OATE OF BIRTH 9. AGE (In	
	WIDOWED, DIVORCED (specify	lost birthday	Manths Days Hours
	rale white married. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or loreign country)	12, CITIZEN OF
	e during mast of working life, even if retired)	SIKI II. BIKINILACE (Stole of loreign country)	WHAT COUNTRY?
-	Ret. Bethlehem Steel (o.	Maryland	USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Jaseph Schattner	Ida May Dixon	
15. 1	Was Deceased Ever in U. S. Arred Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
1105	ues WW 1	Mrs Carrie M. Sc	hattner same
-	900 1000	E OF DEATH	INTERVAL BETWEE
	7001/1	O I SEATH	AGA ONSET AND DEA
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Devilo M.	the Deschie 1 kg
	(This does not mean the mode of dying, e.g., DUE TO	July cues	1,000
	heort foilure, osthenio, etc. It means the diseose, injury or complication which coused death,)	1 1 1 1	
	ANTECEDENT CAUSES (B)	Mercos dembre Hear	disease 12 yr
	DISEASES OR CONDITIONS, il ony, giving		
	rise to the obove couse (A) stoling the (C)		
	UNDERLYING CONDITION loss.		
z	OTHER SIGNIFICANT, CONCEDED CONTRIBUTIONS		
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF Y	ES, WERE FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF Y	FYING CAUSES OF DEATH?
CER	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	e.g., in ar obout 21 C. WHERE DID	in Baltimore City, give exact location)
AL	OR CONTRIBUTING CAUSE OF hame, form, foctory, streete.)	et, affice bldg., INJURY OCCUR?	
0	21D. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCU	P?
ME	OF INJURY	While	
	(APPROX.) Work At \	Vork 🗆	
	22. I certify that (1) (the topical) attended the deceased from	196 1	Nov- 7 19
	that (I) (last saw the deceased alive an O	27 19 (a) and that In (my)	(on) opinion death accurred on t
	and haur and from the causes stated above. (1) (16) (17) (did no		
	23A. SIGNATURE OT I. C.		23B. DATE SIGNED
	Joseph T. In Viramo.	Attending Med. Staff Phys.	11/8/6
	23C. PHYSICIAN'S NAME TYPE	230. AOORESS	
	NAME TYPE TOSE OF F. Li PIRA.	10 8400 hord Ka	ven Bhud. Dato
244	0000011		160
24A	REMOVAL (Specify)	CREMATORY 24D. LOCATION	(City, town, ar caunty) (
	burial 11-10-65 Sacred Hear	t (em. Baltim	ore, Md.
25A	NOV 8 1965 P. P. 255 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	AODRESS
	NOV 8 1965 Robert E. Farbert	Leonard J. Ruck	Inc Baltimore, M.
15	150-REV. 1/1/65	1 1	



IMPORTANT

FUNERAL DIRECTOR:

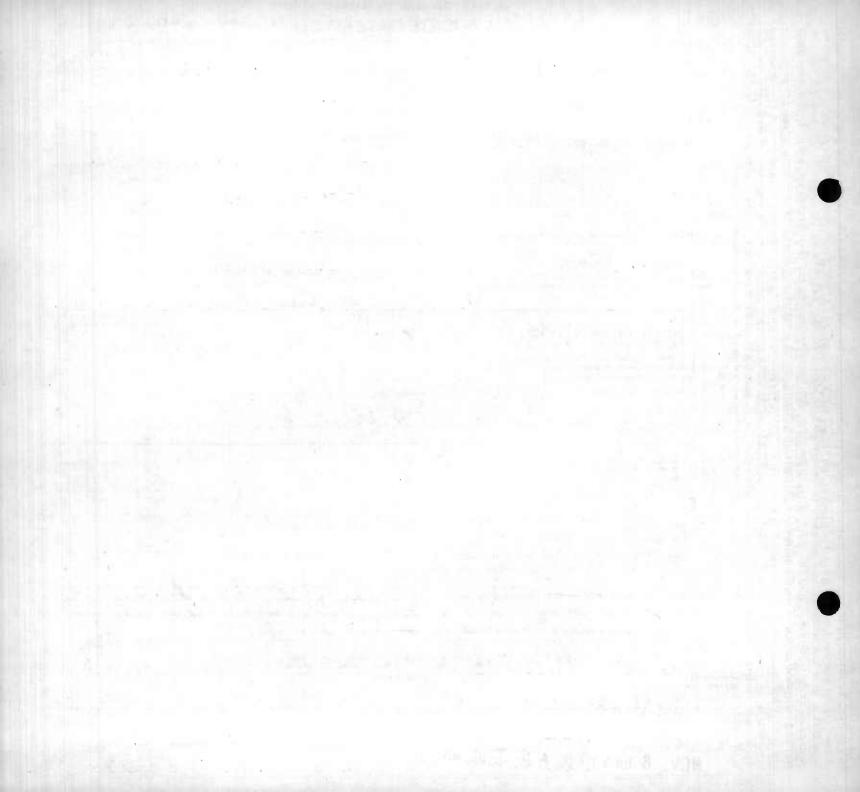


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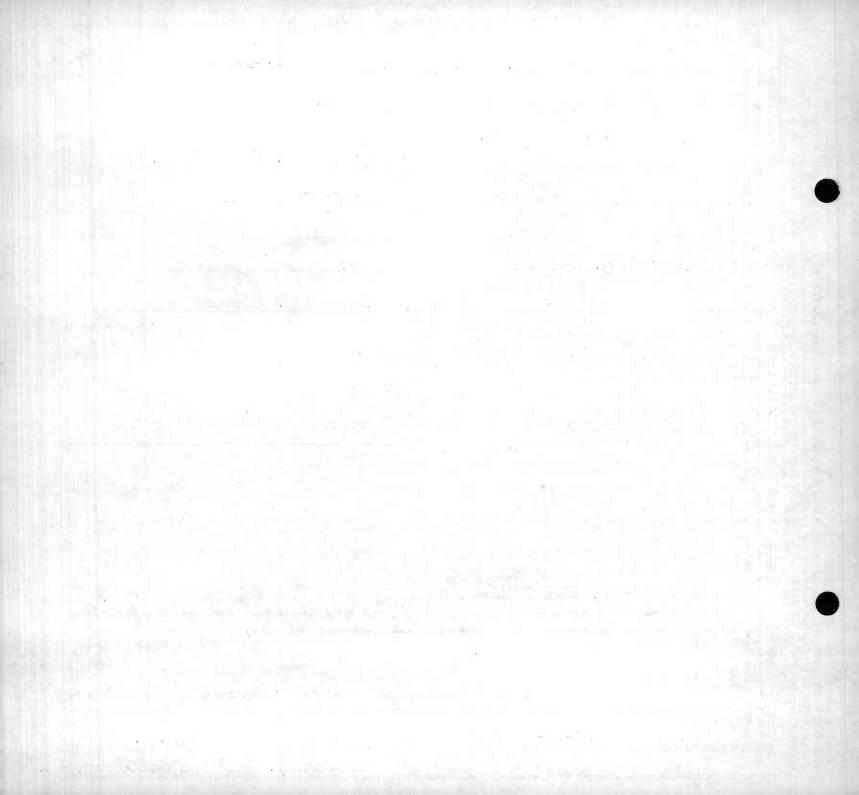
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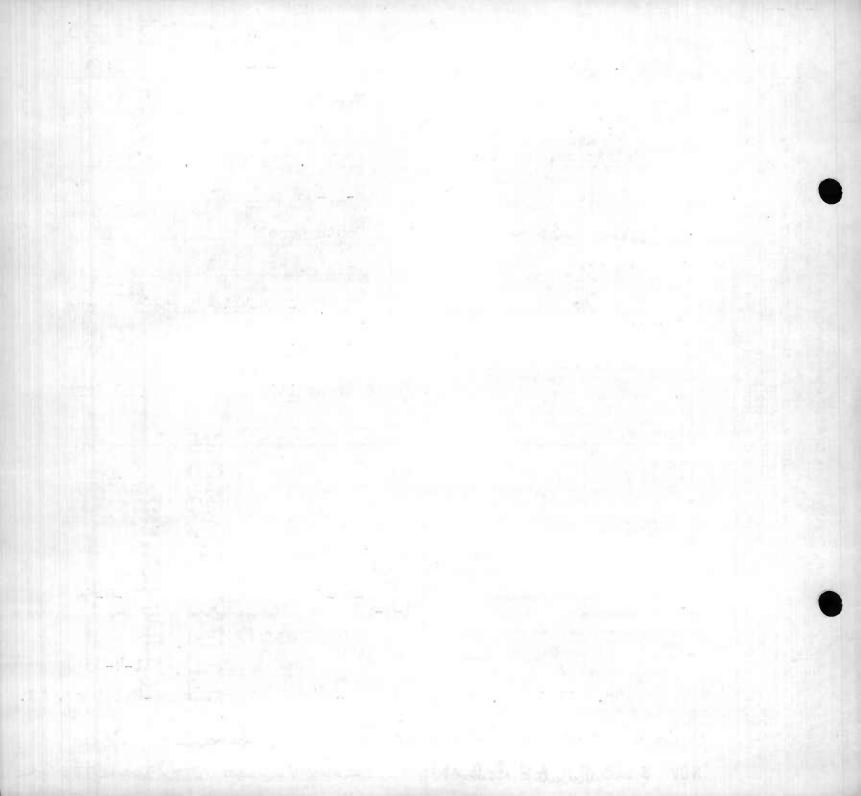
FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH valli. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. STATE (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township Harford Gardens Nursing Home (If rurol, give location) 2401 Hermosa tormerly o 7. MARRIED, NEVER MARRIED 6. RACE 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy Months Doys Hours 1-4-1880 white widowed 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maruland Housewite 14. MOTHER'S MAIDEN NAME Gibson Melvina Benton 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes nat meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which coused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise la the above couse (A) stoling the UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION AUTOPSY? (Yes or No) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examined (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (with lost saw the deceased alive on /// and that in (my) (prinion death occurred on the date and hour and fram the couses stated above. (1) (We) (did) (did not) view the body after death. 23 B. QATE SIGNED Med. M.D. Attending Stoff Phys. PHYSICIAN'S 23 D. ADDRESS 24A. BURIAL CREMATION, REMOVAL (Specify) 24C, NAME of CEMETERY OF CREMATORY Parkwood emete Ruck Inc Ba

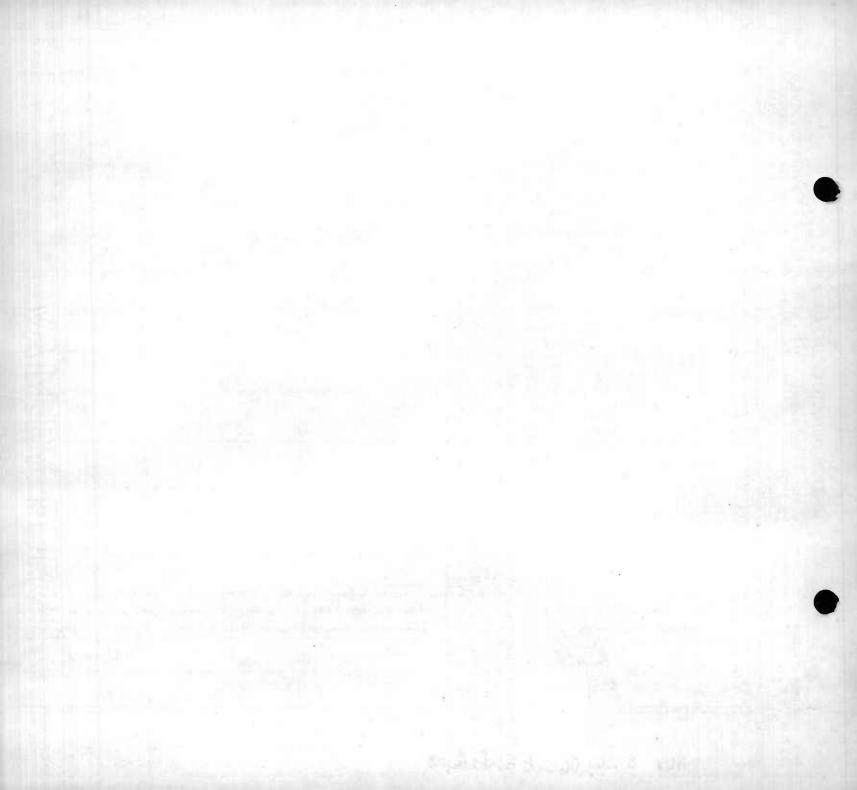


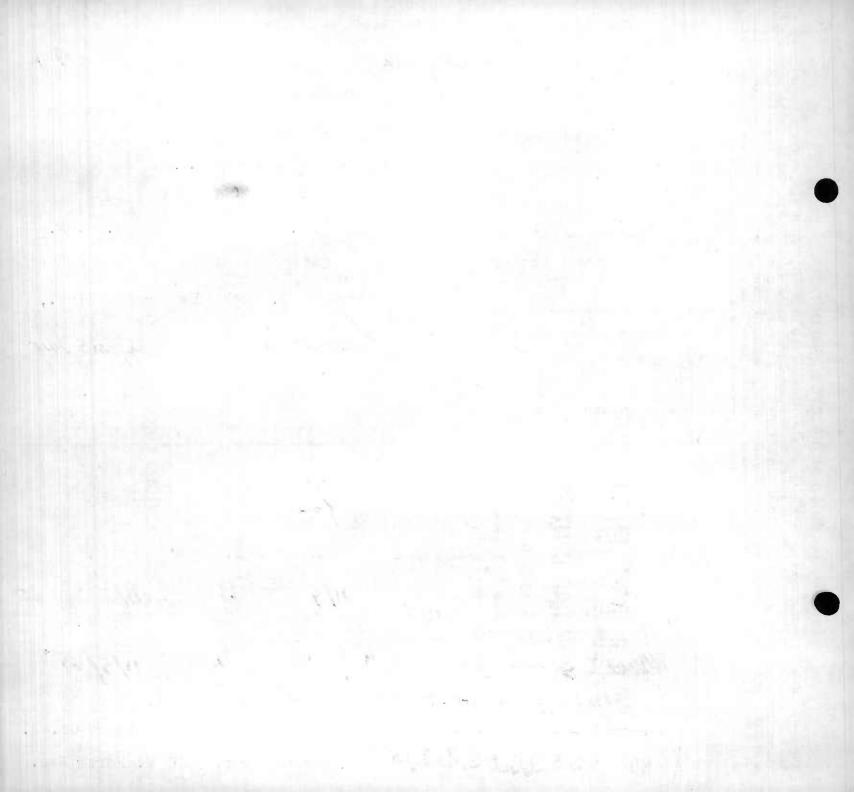
VS 150-REV. 1/1/65





OF AAAA6	DALTIMORE CIT	HEALTH DEPARTMENT		OF AAAAA
BIRTH NO. 65 11416	CERTIFICA	TE OF DEATH	Registered Na.	55 11416
M.E. CASE NO. 1. NAME OF DECEASED		2 DATE A	ND HOUR OF DEATH	* * * * *
(Type or Print)	Ed. I.	1.7		- 11 15
3. PLACE OF DEATH IN BALTIMORE, MARYLAI	Edwards	4. USUAL RESIDENCE (WH	1.2, 1965	14 - P.
S. FLACE OF DEATH IN BALIMORE, MARIEN	NO	A. STATE B. COU	NTY A	institution; residence betare admission
FULL NAME OF (If not in haspital or ins	lilution give street	MARY LA.	4-01	16006
HOSPITAL OR address or lacation)	monon, give sheer			RURAL and give township)
INSTITUTION		0 14		
		D. STREET ADDRESS (f rural, give location)	
Home - 3005 W. L	ANVALEST.	2 -	1	
		3005 W		e St.
	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday).	II Under 1 Yr. II Under 24 Hrs. Manths Days Haurs Min.
Famoria Colored	Widowed	1100 2.1889	76	
DA. USUAL OCCUPATION (Give kind of work 108.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12, CITIZEN OF
ane during most of working life, even if retired)		7-7 - 1		WHAT COUNTRY?
House wife	None	EASTER Short	e Md	u. S. A.
FATHER'S NAME		14. MOTHER'S MAIDEN NA	AMÉ	
Massan		Δ/	SAULter	
Viloses Brook	-5	ALICE	JAULIER	
o. Was Deceased Ever in U.S. Armed Forces? es,na arunknawn) (If yes, give war ar dates af	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	MONTH TO	ADDRESS
No		Wortha	10 None	SAME
18. 24 9 9	CAUSE O	F DEATH	040113	INTERVAL BETWEEN
700011		DEMIN		ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Λ.	t. 1 1	0	
(This does not meen the mode of dyin	(A) (C	recosclesse	c Glaving	release Unharan
heort foilure, osthenio, etc. Il meons the	g, e.g., Due 10	a	eseene	
injury or complication which coused deat				
ANTECEDENT CAUSES	(B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	************************************	
DISEASES OR CONDITIONS, if ony,	DUE TO			
rise to the obove couse (A) stati				
UNDERLYING CONDITION lost.	0 000 00 00 00 00 00 00 00 00 00 00 00			and and the state of the state
	RIBUTING			A CONTRACTOR OF THE PARTY OF TH
OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or h	ol 208. IF YES WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		ALA		AUSES OF DEATH?
21A ACCIDENT WAS UNDERLYING	219 81 4 65 65 1211112	/V O	(14 · B · · ·	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i hame, form, lactary, street, o	fice bldg., INJURY OCCUR?	ut in Baltima	re City, give exoct location)
DEATH (notify medical examiner)	etc.)			
21 D. TIME (Month) (Doy) (Year) (Ha	ur 21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY	While At Not Whil			
(APPROX.)	Work At Work			
22. I certify that (I) (this hospital) atta	ended the deceased from	Ochober	19 6 1 ta	Nov > 1965
	A 1 0			
that (I) (we) last saw the deceased ali	D (D	and f	hat in (my) (out) ap	inian death accurred on the do
and have and from the causes stated a	bave. (1) (We)-(did)-(did-not) v	iew the bady after death		
23A. SIGNATURE	0			23B, DATE SIGNED
K ala	Sern M.D. Atte	ending Med.	Sto ff	Nov 6, 65
22C PHYSICIANS	Phy	23 D. ADDRESS	Phy s.	9, 0,
23C. PHYSICIAN'S NAME (Type)			0	
KOYSTON	> (077 M.D.	180100	Deltim	ne st
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	MATORY 24D.	LOCATION (C	City, tawn, ar county) (State)
REMOVAL (Specify)		1	^	1
BuriAL 11-6-65	MT. Aubu	Cem.	13ALTIMO,	re md
		25C. FUNERAL DIRECTO	R	ADDRESS 1000 Branthey Ave
NOV 8 1965 (6	E. Failey A. A.	F. D. 1	1, Lson- 1	1000 Branthey Ave
THE THE PARTY OF T	-, 400mg, ""	~ ~ ~	/	
E 150 PEV 1/1/65				



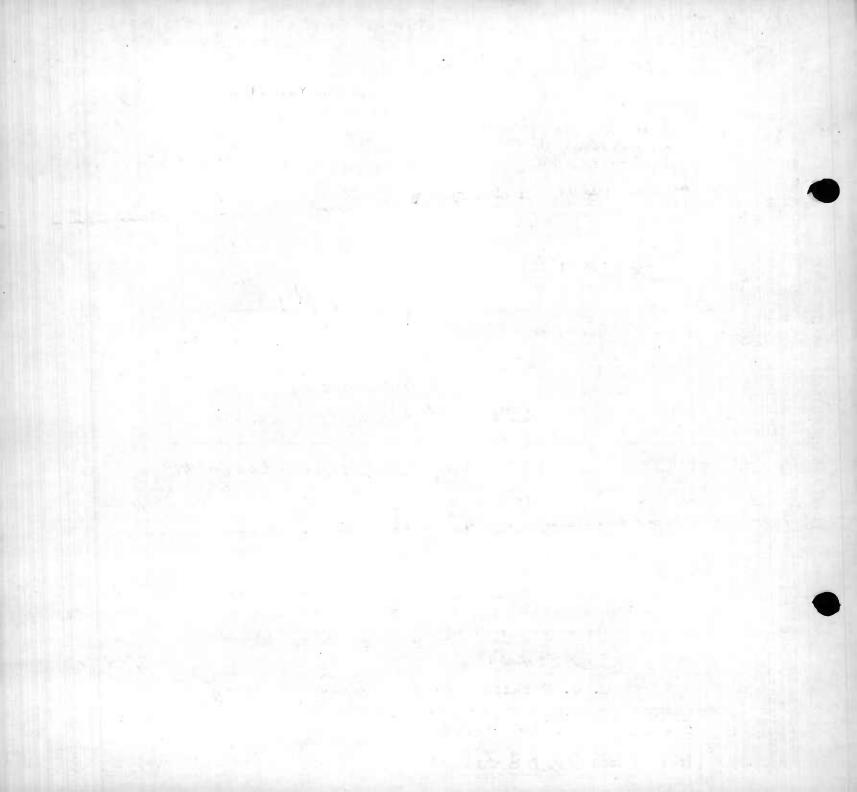


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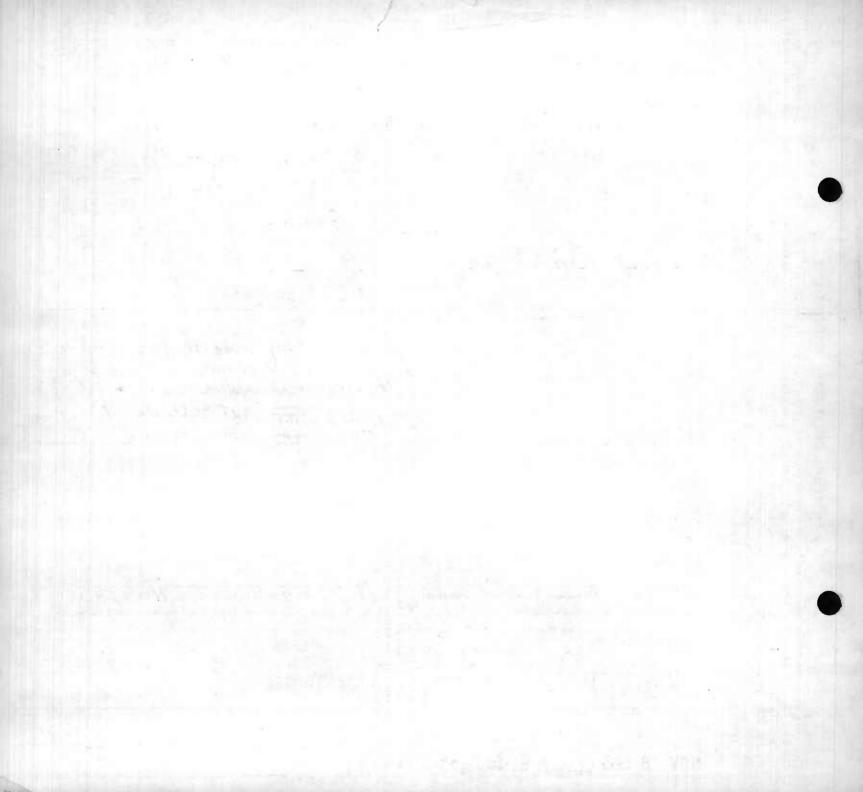
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/65

	65 11	419	BALTIMORE C'TY	HEALTH DEPARTMENT		25 44 44 0
BIRTH NO.	00 101	23.0	CERTIFICA	TE OF DEATH	Registered Na.	65 11419
M.E. CASE NO.	ASED			2 DATE A	ND HOUR OF DEATH	- 15
(Type or Print)	DAULA	SA	C 45	1/	-4-65	8-0
B. PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Wh	ere deceased lived. If i	nstitution: residence before admission
				A. STATE 8. COU	NTY	1 1-10
FULL NAME OF	(If not in hospital address or locatio		e street	DITUIO	· Ma	0/10
INSTITUTION		4	AZ OFBAG		utside city limits, write	RURAL and give township)
	3/114	1902/11	1 4 19		f rural, give lacotion	ma
	BACTO	1. 15,	Ma	17712		Aue(15)
S. SEX	6. RACE	7. MARRIED NE	OIVORCED (specify)	8. DATE OF BIRTH 4-29-91	9. AGE (In years last birthdoy)	Months Doys Hours Min.
	PATION (Give kind of war	10B. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or lar	eign cauntry)	12. CITIZEN OF
Civi C	arking life, even if retired)	HOUSE	FWIFE	GERMA	WY	WHAT COUNTRY?
3. FATHER'S NAM		3		14. MOTHER'S MAIDEN NA	AME	7,14
13/11/1	1 131	NF114	1 /1/	11111111	5	
W/4 1/1				17/4/14	1	
Yes, no or unknown)	Ever in U. S. Armed For (If yes, give war or date	ces?	SECURITY NO.	17. INFORMANT	1000	ADDRESS
		77.0		MARTINIT	1477 4	7/2 BYROAL A
18. 44 1	0.71		CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE	OR CONDITION DE	RECTLY				ONSET AND DEATH
	EADING TO DEATH		w Pu	OCANDIAL FOR	TINEAMS	2 /2 HOUR
	I mean the made of		DUE TO		LANT 111/2	O/V
	isthenia, etc. ft means Dication which caused		My	OCANDIAL, to	VEARLITON	7 200-0
1 ' '	NTECEDENT CAUSES		(8)	TIMBL FIST	1/2000	LVAYS
			DUE TO		-0.10	
	R CONDITIONS, if above cause (A)		15 HY1	PRATENSIVE ANDIO - VASC	ARI. Scher	wire loyean
	CONDITION last.		16	ANDIO - VASC	LLAN PISE	30.0
	11					
OTHER SIGNIF	CANT CONDITIONS	ONTRIBUTING		*		
DISEASE OR	ATH BUT NOT RELA	IT				
19A. DATE OF	OPERATION 198. CON	DITION FOR WH	ICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED
	WAS FER	TORIVIED		-	IN CERTIFIED CA	OSES OF BEATH:
	T WAS UNDERLYING	21B. PL	ACE OF INJURY (e.g., i	n ar about 21 C. WHERE DID	(If in Baltimor	e City, give exact location)
▼ DEATH (natify i	medical examiner	etc.)	tarm, toctary, street, or	ince bidg., INJURI OCCUR:		
0 21D. TIME	(Manth) (Dayl (Year)	(Haur) 27 F IN	JURY OCCURRED	21F. HOW DID IN	IIIIBY OCCUPS	
S OF INJURY	(- cy - (100))	While			JORI OCCOR:	
(APPROX.)		Wark	Al Work	3,		
22. I certify t	hat (1) (this hospita) attended the	deceased from	11-2-65	19 to	11-4-65 19
	last saw the decease		11 01 1	S 10 and a	has != () ()	inian death accurred on the c
						inian death accurred an the c
		ted abave.	We) (did) (did not) v	riew the bady after death.		
23A. SIGNATUR	IE /		1			23B. DATE SIGNED
-/con	a a.	Ang o	M.D. Alle	s. Med. Director	Staff Phys,	11-4-65
23C. PHYSICIAN	rs			23D. ADDRESS		
NAME (Ty	pe)		M.D.			
244 8118141 8551	1471011 1010	10.000				
REMOVAL SE	ATION, 24B. DATE	24C.NAM	E of CEMETERY of CRI			ity, tawn, ar county) (State
Bunin	26 11/5/	is CHEC	IRA HHAU	AS CHESED 1	2 Andalls	TOWN Met
25A. DATE REC'D		258 NAME OF	REGISTRAR .	25C. FUNERAL DIRECTO	R	ADDRESS
NOV 8	1965 (7.0.1	E. Fail	cu Holl	Tro. 11 / 1.	UIS INC.	21103 5- 1
1101	in the second	- 1 down	1	C 1146-16 LEL	UND -INCI	LIOU EUIACUF



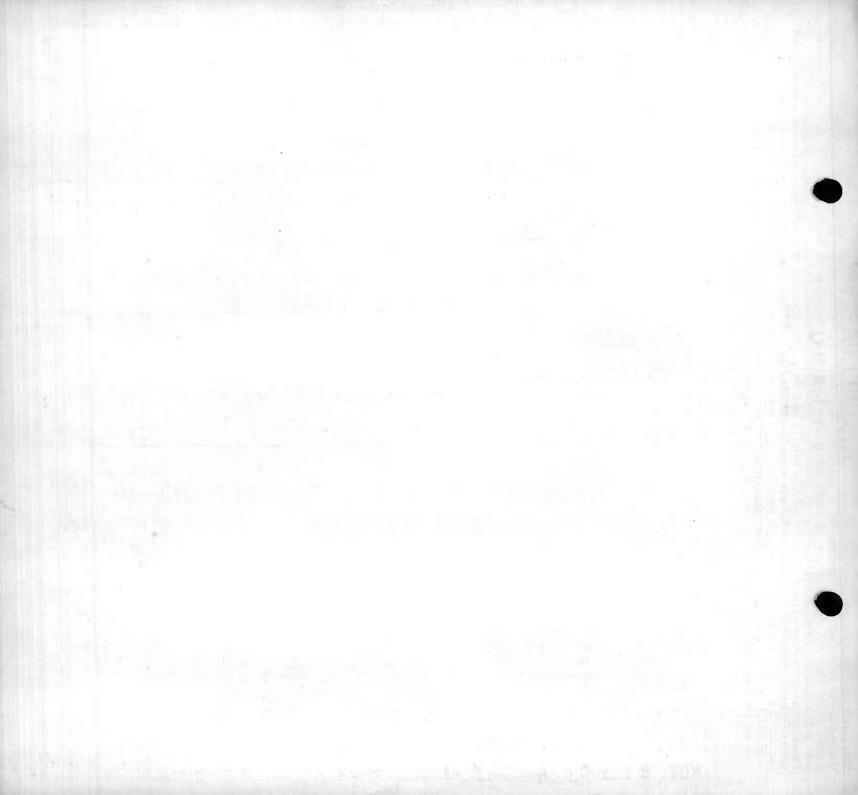
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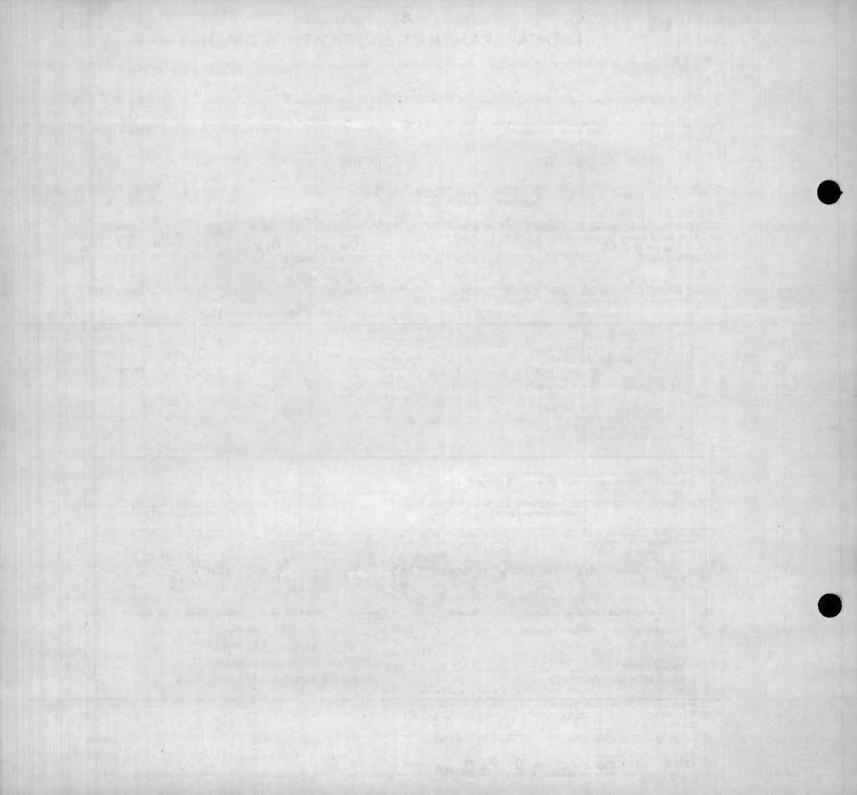
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M.E. C. T. NA. C. C. Type

	65 11420	3	SALTIMORE CITY HEAL			000 X1420	
BIRT	rh no.	MEDICAL EX	CAMINER'S CI	ERTIFICATI	E OF DEATH Registe	ered No.	
_	E CASE NO.						
1. I (Ty)	NAME OF DECEASED	AD ATT # ~	**O* T	2	. DATE AND HOUR PRONOUNCE		
2 6	LACE IN BALTIMORE, MARYL	ARAH IDA	WOLF	A HEHAL BEELDEN	November 5, 196	5 9:55 A M. titution: residence before odmission)	
J. 1	EACE IN BALLINORS MARIE	AND, WHERE PRONOC	INCED DEAD		yland	JNTY	
HO	L NAME OF (IF NOT IN SPITAL OR ADDRESS OF TITUTION	HOSPITAL OR INSTITUTE (CONTINUE OR LOCATION)	ITION, GIVE STREET	C. CITY OR TOWN	(If outside corporate limits, with	e RURAL and give lownship)	
-	Sinai Hosp	ital			timore C		
0					3 W. Belvedere Av	enue	
5. S	EX 6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
F	emale White		Dow	9-13-192		Months Doys Hours Min.	
	. USUAL OCCUPATION (Give ki	ind of work 10B. KIND OF				12. CITIZEN OF	
oon	during most of working life, even	it retired)		BALTO.	Mn	WHAT COUNTRY?	
13.	FATHER'S NAME			14. MOTHER'S MAI	DEN NAME		
	Louis			JENNI	E		
	WAS DECEASED EVER IN U.S.		16. SO CIAL SECURITY NO.	17. INFORMANT	• 1	ADDRESS	
	No -	-	218-14-0267	CHARLES H	AMAN - 3807 WA	SHINGTEN AUE	
	1B. = 902.10	5	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDI					OKSET AND DEATH	
	LEADING TO (This does not meon the		Graniocerebral Injury.				
	heart failure, asthenra, etc.	It meons the disease,	DUE TO				
	ANTEGENERAL						
		ANTECENDENT CAUSES EASES OR CONDITIONS, IF ANY, GIVING UE TO DUE TO					
	RISE TO THE ABOVE CAUS	SE (A) STATING THE	500 10				
Z			(C)				
H	(1						
CERTIFICATION	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION (NOT RELATED TO T					
SER.		9B. CONDITION FOR V	WHICH OPERATION	20A. AUTOPSY?	Yes or No) 208. IF YES, WERE FI		
	21 A. EXTERNAL CAUSE WAS	0.0	NA OF OF INITIAL A	Yes		Yes	
MEDICAL	UNDERLYING OR CONTRIB-	home	form, foctory, street, o	ffice bldg., INJURY C	ERE DID (If in Boltimore City, g	9 - , -	
JED			Home		W. Belvedere Aver		
	OF INJURY	INJURY Fall from chair (history of previous					
	22. I certify that I held				hat on this basis, death in i	my opinion	
	resulted from: Not	ted fram: Natural causes Accident Sulcide Hamicide Undetermined manner					
	(.	CHIEF MEDICAL EXAMINER					
	ACTUAL	16 alles	1 at		DICAL EXAMINER	DATE SIGNED	
	SIGNATURE EXAMINER'S	2	M.D.		DICAL EXAMINER	11/5/65	
	NAME (Type) Ch	arles S. Pet	ty, M.D.	ASSOCIATE ME	DICAL EXAMINER		
	NOVAL (Specify)	DATE 65 23	Resedule	CREMATORY	Balto (City	, town, or county) (State)	
244	A. DATE REC'D BY HEALTH DE	EPT. 24B. NAME	OF REGISTRAR	24C. FUNERAL		ADDRESS .	
	NOV 9 1965	Re. 48 3	0 00	Sylvan	S. Leino & Sor	3319 Olympia ave	
VS	151-PEV 1/1/65A	Lotse J. C. VI	Levine And				



shows: (1) An was D.O.A. deceased the body

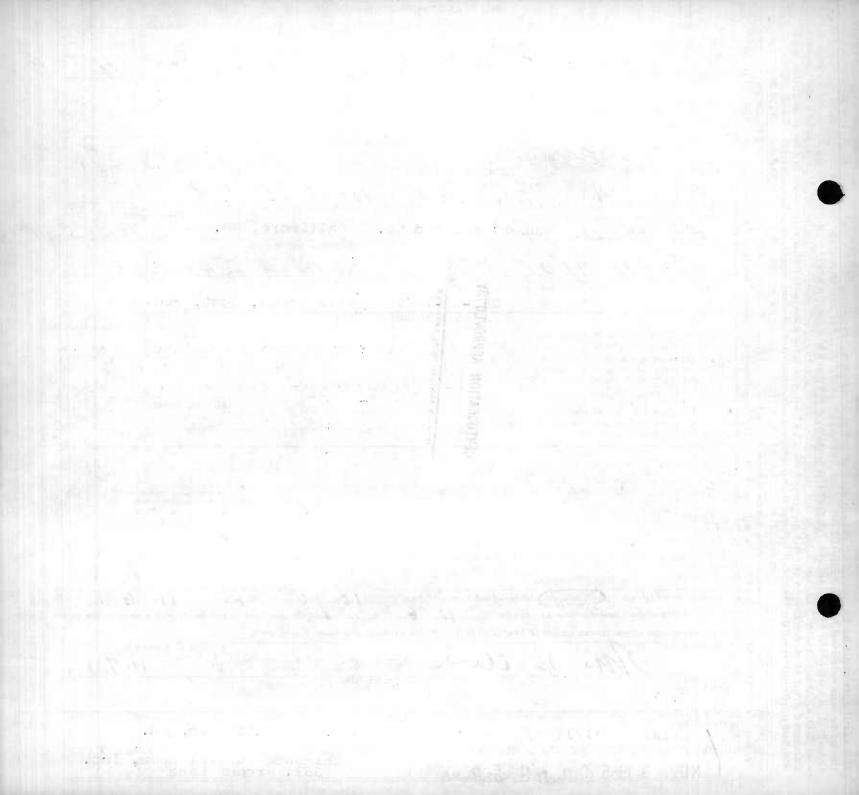
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BALTIMORE CITY HEALTH DEPARTMENT

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Karyene con

CHURCH HOME + MITHER BALTIMORE

BALTIMUME. MAY DISSI 2340 HAMILTOWNE CIRCLE

A W MARRICA 11-20-28 36

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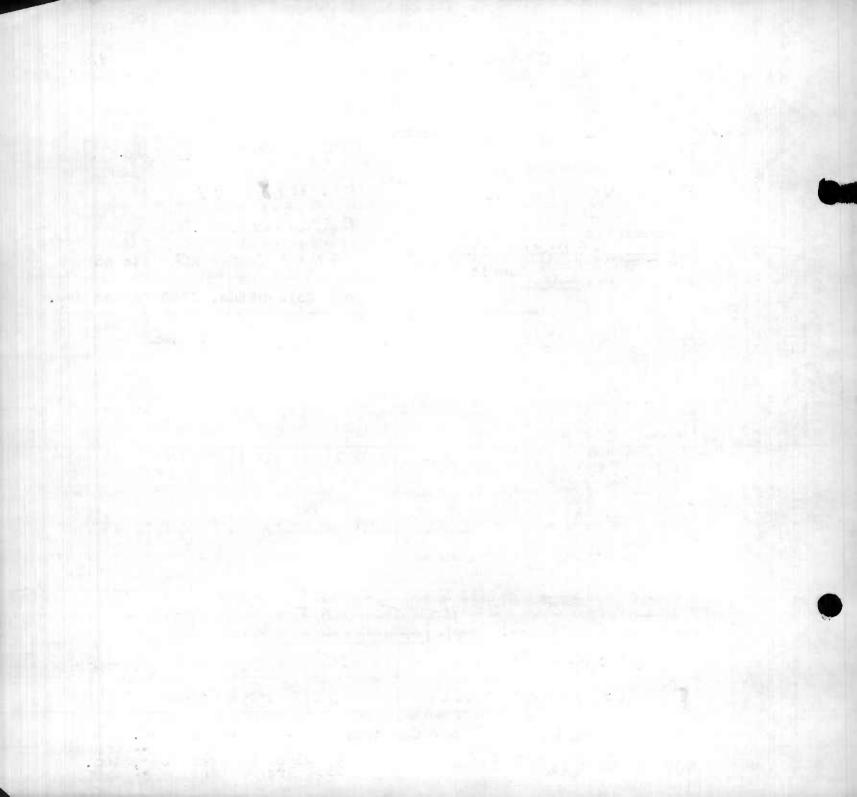
TOILLA C. PLAP, AND

CHURCH HOME + HERRITH W

Tr. Fres

1965 (J. A. A. S. J. B. M. A.

	ALTIMORE CIT	Y HEALTH DEPARTMENT		65 11 800
BIRTH NO. 65 11427	ERTIFICA	TE OF DEATH	Registered No.	65 11427
M.E. CASE NO.			AND HOUR OF DEATH	
Type or Print MARIE CORDELL	A	11-	6-65	1/1. P. N
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE	Where daceasad livad. Il in	stitutian: tasidanca balora admissian
FULL NAME OF (If not in hospital or institution, give stre	et	Md		O FOI
INSTITUTION	100	GALTIB		RURAL ond give township)
0 2740 Pelham	WE.	D. STREET ADDRESS	(If turol, give location)	-
			ielhau	Ave.
6. RACE 7. MARRIED, NEVER WIDOWED, DIVO		10-2-188	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Manths Days Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINI	SS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
Housewife at hor	me	Baltimo	re Md.	american
3. FATHER'S NAME UNRIVERSE	L 19	14. MOTHERS MAIDEN	SANOMONOUS TE	Unknown
Summit	CLAI		JAKAKAKAKAK	ADDRESS
5. Was Daceasad Ever in U. S. Armed Farces? 'es,na ar unkna wn) (If yas, giva war ar datas of service) SEC	CURITY NO.	John Cosse	ntino, 2740	Pelham Ave.
18. 491 X	CAUSE	F DEATH	No. 11 Sept. 10	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	13	RONCHOP	NEILMONI	
(This does not mean the made of dying, e.g.,	DUE TO	THO INC INC I	14 C O 144 O 1 1 1	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
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OF INJURY	OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.) While At	Not Whi At Work			
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that (1) (we) last sow the deceased alive on	1- 5			nion death occurred on the do
and hour and from the causes stated above. (1) (We)	(did) (did-nat)			
23A. SIGNATURE				23B. DATE SIGNED
Jebola Jamo	M.D. At	randing Med.	Staff Phys.	11-6-65
23C. PHYSICIAM'S NAME (Typo) SEBASTIAN RUS		23D. ADDRESS	HARFORD	Rd.
	CEMETERY of CI	REMATORY 24	D. LOCATION (C	ity, town, or county) (State)
Burial 11/10/65 Oak La			Baltimore,	
NOV 9 1965 Robert E. Farker	STRAR	Schimunek	Funeral Ho	ome, Inc.
11-1-1		DIE DIE	Iniis Lalle	



Moreland Memorial

248 NAME OF REGISTRAR

Robert E. Farberma

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Burge Funeral DIRECTOR

Raltimore.

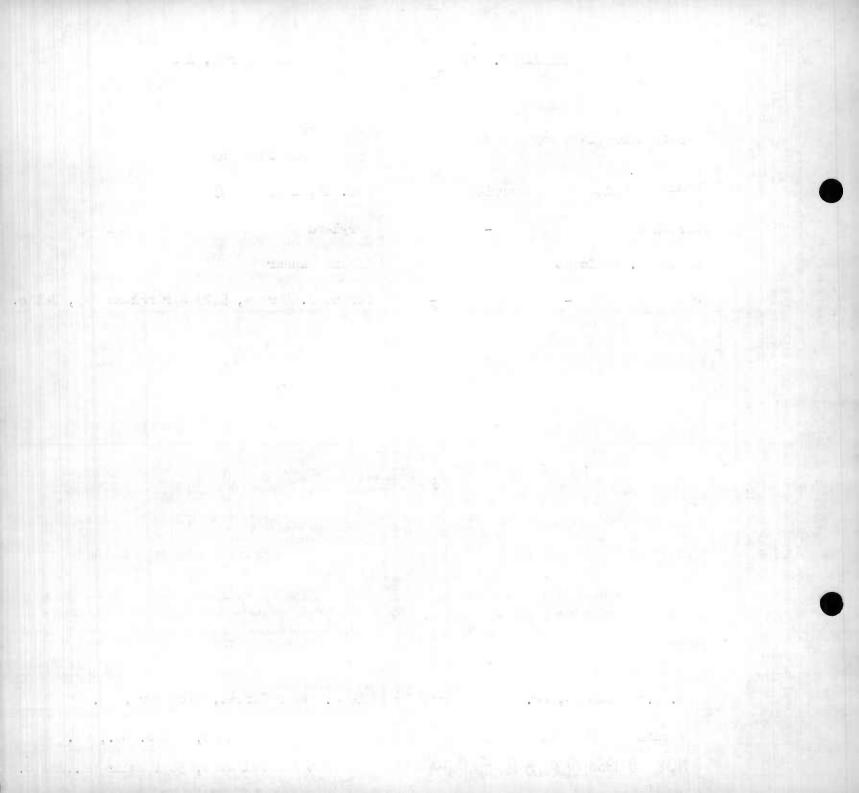
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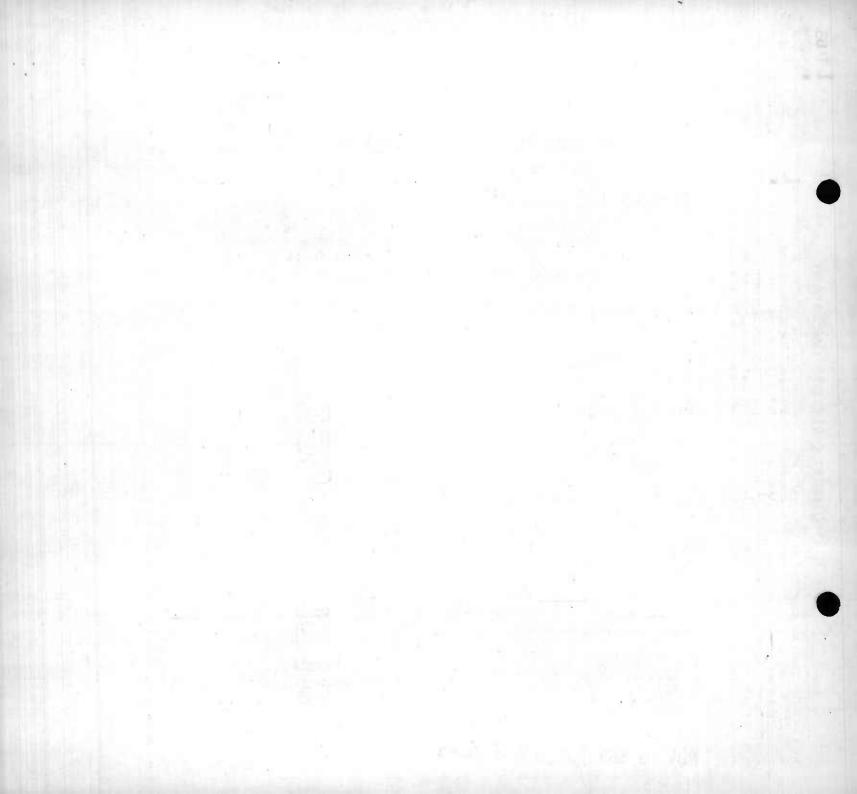
burial

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.

Letter from M.E.'s office 2-28-66 M.H.





Deceased

LO

attendance cause; (5)

BALTIMORE CITY HEALTH DEPARTMENT 65 11431 Registered No. CERTIFICATE OF DEATH M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Delus Glenn Roberts Nov. 3, 1965 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) Md. FULL NAME OF (If not in hospital or institution, give street oddiess or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Upper Marlboro US Public Health Service Hospital D. STREET ADDRESS (If rurol, give location) Wyman Park Dr. & 31st Street Route 2 3606 Oxford Court. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 His. WIDOWED, DIVORCED (specify)
Married Hours 12/9/17 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or loreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Tenn. USA Excavator Contracting 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel E. Roberts Maude Wyatt 15, Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO Records- US PHS Hospital, Balto, Md. Yes USA 1941-1945 CAUSE OF DEATH NTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary edema Hours (This does not mean the mode of dying, e.g., XXXXXXXX heart failure, asthenia, etc. Il means the disease, injury or complication which caused deoth.) Uremia Days ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, Myelogenous leukemia Months rise to the obove cause (A) stoling the remains UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? yes 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) (Month) (Day) (Year) (Hous) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 1965 Nov. 3 22. I certify that (1) (this hospital) attended the deceased fram 65 Nov. and that in (my) (aur) apinion death accurred an the date that (1) (we) last saw the deceased alive an and haur and from the causes stated above. (1) (We) (did) (did het) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. 11/4/65 James M. Weaver, Medical Director M.D. US Public Health Service Hospital, Balto, Md. 24A. BURIAL CREMATION, 24B. DATE Burial transi Memorial Gardens Union City, Tenn. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Ritchie Brothers, Upper Marlboro, Md. VS 150-REV. 1/1/65

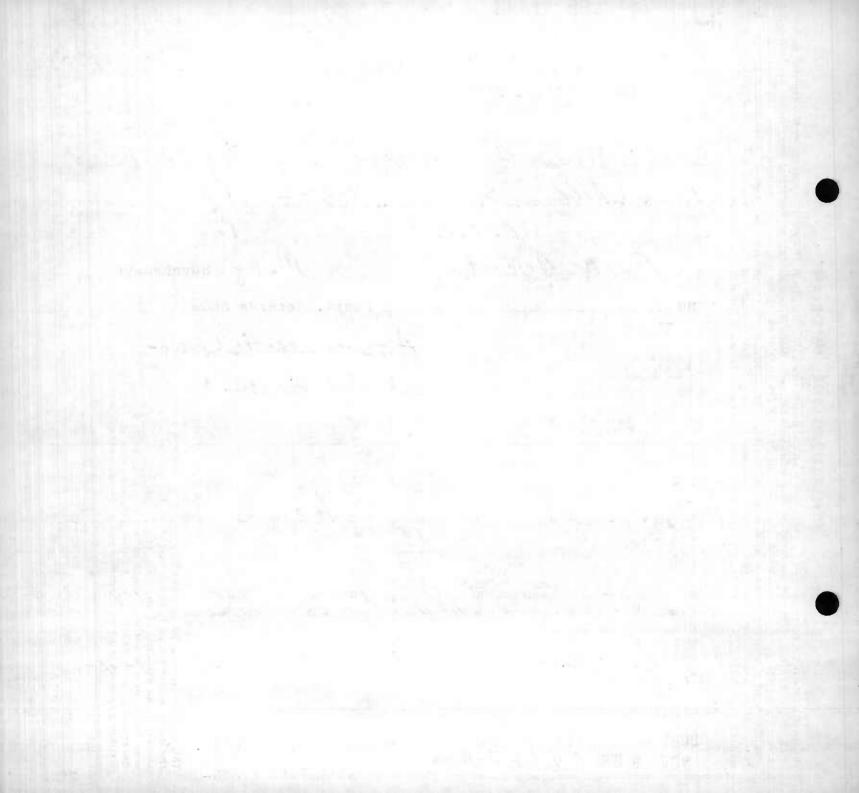
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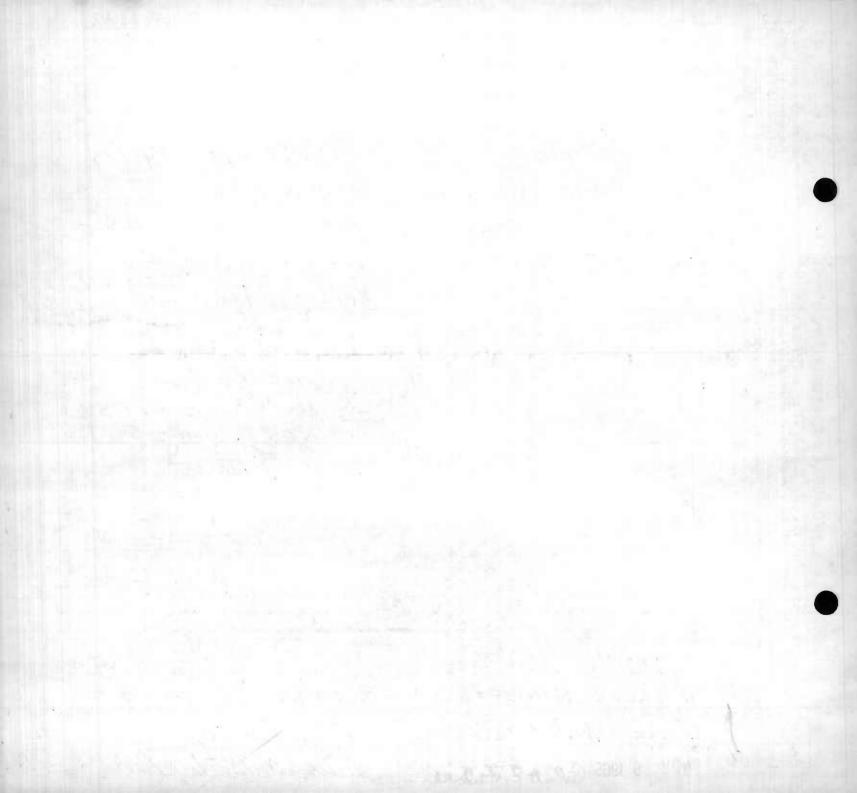
65 1146		TE OF DEATH Registered No.	11432
BIRTH NO.	CERTIFICA	TE OF DEATH Registered No.	J.1. 10.0
	D J. AIKEN)	2. DATE AND HOUR OF DEATH	25
Type or Print) AIKen	Donald	11/3/65	11000
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		Md. anne are	1/2
FULL NAME OF (If not in hospital or in HOSPITAL OR address or location)	istitution, give street	C. CITY OR TOWN (If autside city limits, write I	UIRAL and give towaship)
INSTITUTION		Class Russes)
Mercy Hosp		D. STREET ADDRESS (If rurol, give location)	000
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. SEX 6. RACE 7. 1	MARRIED, NEVER MARRIED		If Under 1 Yr. If Under 24 H
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		Dalto Ma	014
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Robert Aiken		Lucie Johnson	
. Was Deceased Ever in U. S. Armed Farces?		17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give war ar dotes of	SECURITY NO.	Laura Hiken &	Hospt. Records
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18. 5 2 7. 21	CAUSE OI	DEATH	ONSET AND DEATH
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OTHER SIGNIFICANT CONDITIONS CON		1. 1 1 .	
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Q			SOLO OF BEATH:
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, aff	or about 21C. WHERE DID (If in Bostimare fice bldg., INJURY OCCUR?	City, give exact location)
DEATH (notify medical exominer)	etc.)		
21D. TIME (Month) (Doy) (Year) (H	our 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not While		
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that (we) last saw the deceased a	live an 1//3 / 68	19ond that in (new) (our) apli	nion deoth occurred on the d
and hour and from the couses stated	obove. (1) (My) (did) (when v	iew the body ofter deoth.	
23A. SIGNATURE		H	23B. DATE, SIGNED
Chat Cliff	2m1) M.D. Atte	nding Med. Stoff Phys. X	11/3/15
23 C. PHYSICIAN'S		23 D. ADDRESS	1113/03
23 C. PHYSICIAN'S NAME (Type)		3 11	
Unester C	Collins Jr M.D.	newy 1-1 ozs	
A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (C)	y, tawn, or county) (State)
BURIAL 11/8/65	CATHEDDAI CO		
SA. DATE REC'D BY HEALTH DEPT. 25B	CATHEDRAL CE	25C. FUNERAL DIRECTOR BALTO	ADDRESS
NOV 9 1965 PD R Q	Farleman		A COURT
(\$ 150-85V 1/1/45	- ACADONAL	WIEDEFELD & SON-501 F	22ND

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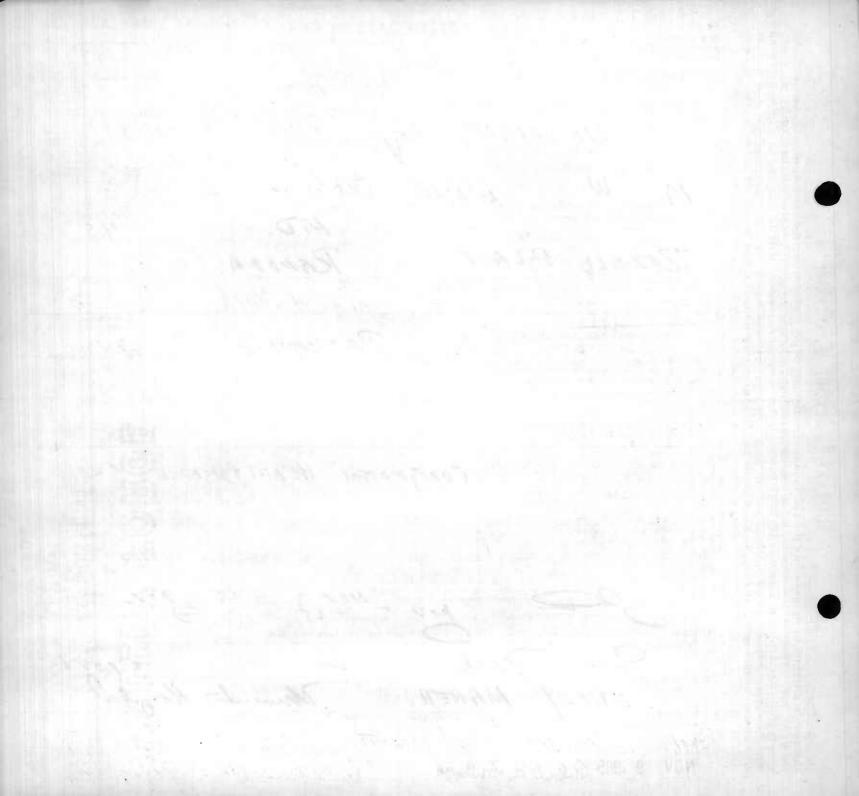
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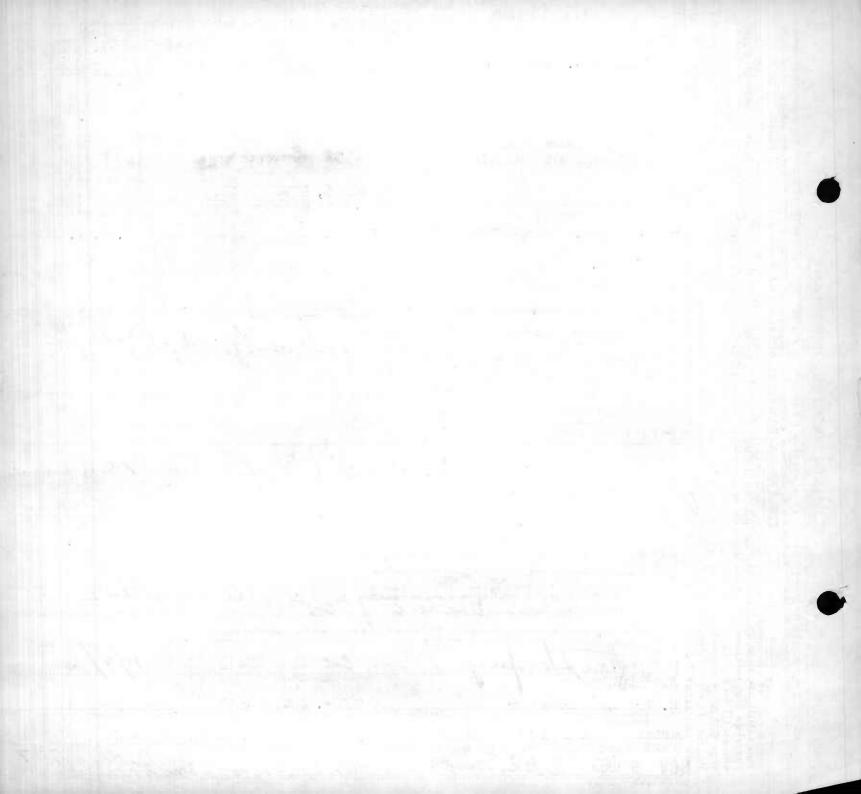


	11 11 11	BALTIMORE CITY	HEALTH DEPARTMENT		OF AAAOO
	14 NO. Culvert Co., 7nd.	CERTIFICA	TE OF DEATH	Registered Na	65 11436
1, N	LE CASE NO. JAME OF DECEASED James of Printi	Black	2. DATE AND	HOUR OF DEATH	1245.
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND	1 3 (0:00)	4. USUAL RESIDENCE (Where	Y p. 1 de	stitution: residence belore odm
- 1-	FULL NAME OF (If not in hospital or institution, go HOSPITAL OR address or location) NSTITUTION	ve street	C. CITY OR TOWN (If outs	ide city limits, write R	(URAL and give township)
C	UNIVERSIV	1/ 1/00	D. STREET ADDRESS (IF III	FRED.	EP4C/254-0
8		/ /	A-1-	5 Beach	-
5. S		DIVORCED (specify)	Oct 31, 65	AGE (In years ost birthday)	If Under 1 Yr. If Under : Months Days Hours
	USUAL OCCUPATION (Give kind of work 10B, KIND OF I during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
13. [FATHERS NAME PIRALLA BLAC	K	14. MOTHER'S MAIDEN NAM	o Ph.	11:
15.1	Wos Deceased Ever in U. S. Armed Farces? s,na ar unknown) (If yes, give wor or dates of service)	1 6. SOCIAL	17. INFORMANT	1 . / //1/	ADDRESS
1163	, ind did dikin with the yes, give word doles of services	SECURITY NO.	Konald Bla	ch	(above)
	18. 763, 01 DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH		INTERVAL BETWE
	LEADING TO DEATH	(A)	NWENWINI	+	47/toyns
	(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO /			
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	DISEASES OR CONDITIONS, if any, giving	DUE TD			
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ICAT	DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes or No)	20B. IF YES. WERE I	INDINGS CONSIDERED
CERTIFIC	WAS PERFORMED			IN CERTIFYING CAL	
AL	21A. ACCIDENT WAS UNDERLYING 21B. P OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.)	, form, foctory, street, of	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Bolfimore	City, give exact location)
DIC		INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
2	(APPROX.) While	Not Whill			
	22. I certify that (1) this haspital attended the			9 65 to	-1V 5 194
	that (I) (we) last sow the deceased alive an	MIV 5		t in (my) (our) spin	nian death accurred on t
	and hour and fram the causes stated above. (I)	(We) (did) (dld nat)	view the bady atter death.		23B. DATE SIGNED
	Sun ma	M.D. Atte	ending Med.	Stoff Phys.	Enorte
	23C. PHYSICIAN'S NAME (Type) = PRINEY MA		23D. ADDRESS	ula Kr	motal
24A	A. BURIAL CREMATION, 248. DATE 24C. NAM	ME of CEMETERY OF CRI	EMATORY 24D. LO	CATION (Ci	ly, lown, or county)
	REMOVAL (Specify)				
12	REMOVAL (Specify) Nov 7 1965 W	les ley Ceme	tery Bun	3. Fronder C	6. Calvest.
13	NOV 9 1965 Robert 2. Face	REGISTRAL	25C. FUNERAL DIRECTOR	De Frodon C	Lawest Head ADDRESS



HAMES WAVE

VS 150-REV. 1/1/65



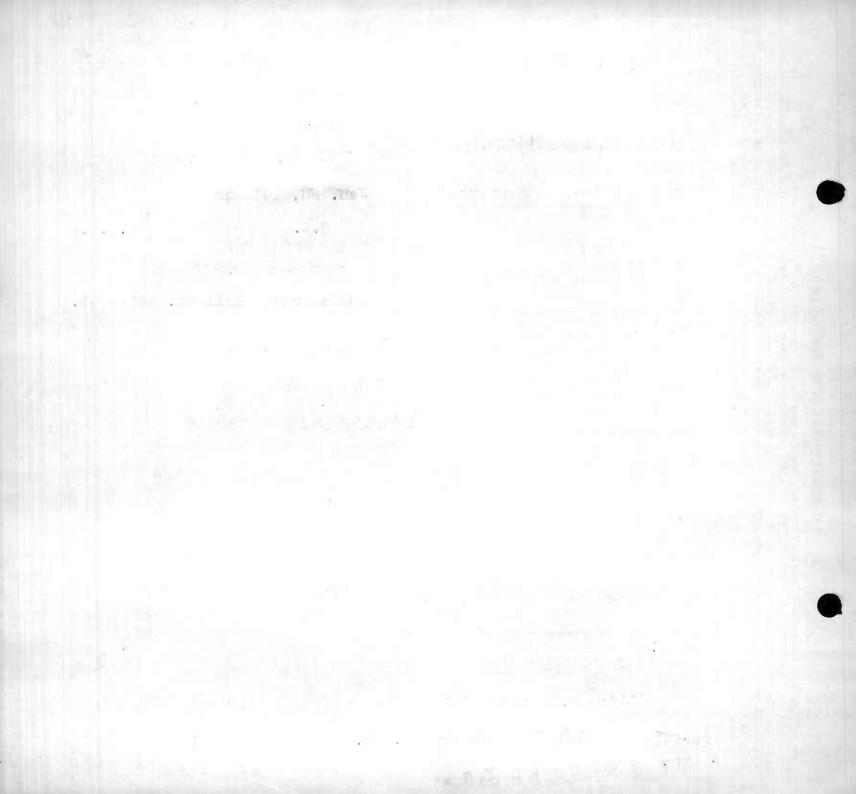
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Robert E. Farker Min

Charles R. Law 802 Madison Ave.

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W-362

	65	11441		BALTIMORE CITY HEAL			65	11441
BIRT	H NO. 3- /	MEDI	CAL EX	KAMINER'S C	ERTIFICATE (OF DEATH Register	ed No	TTLIT
M.I	CASE NO.							
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			ARION	WATERS		11-7-65		1 7:45 P. N
3. P	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE Maryland	(Where deceased lived, If insti-	ntion: res	idence before odmissio
FUI	L NAME OF	(IF NOT IN HOSPITA	L OR INSTIT	UTION, GIVE STREET		f outside corporate limits, write	DILDAL	Teldamenta madella
INS	SPITAL OR	ADDRESS OR LOCA	TION)		C. CITI OK TOWN (II	outside corporote littins, write	LA	A CO
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		TROVIDENT HOS	TIME	DON	{		1217	
5. S	FY	6. RACE	T. AAA PRIED	, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		er 1 Yı, If Under 24 Hı
	'emale	Colored	WIDO WED,	DIVORCED (specify)	25 - 1	los1 birthdoyl		Doys Hours Min.
		UPATION (Give kind of work		r Married	March 14,	1965	12. CITIZ	
		working life, even if retired)	IVE KIND O	L BOSINESS OK INDOSIKI			WHA	AT COUNTRY?
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13.	VILLEY 2 MAL	Malcar Wat						
15	WAS DECEASI	ED EVER IN U.S. ARMED		116. SO CIAL	Mildred 17. INFORMANT	1 EIIIS	ADDRES	
	no or unknow	(If yes, give wor or dote		SECURITY NO.				
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	18. 6 4 9	2 X		CAUSE	OF DEATH			INTERVAL BETWEEN
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		OR CONDITIONS, IF A		(B)DUE TO		•••••		
	RISE TO TH	HE ABOVE CAUSE (A) ST	ATING THE	DOE TO				
z	UNDERLII	ING CONDITION LAST.		(C)	•••			
2		tı						
CATION		SNIFICANT CONDITIONS						
ERTIF		DEATH BUT NOT REL				•••••		
ER	19A. DATE O	F OPERATION 198, CON		WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208. IF YES, WERE FIN		
C	×				Yes	Ves		
5	UNDERLYING	OR CONTRIB-	21 B, home	PLACE OF INJURY (e.g., e, form, foctory, street, o	in or obout 21C. WHERE office bldg., INJURY OCC	DID (If in Boltimore City, giv	e exoct l	locotion)
EDIC	UTING CAL	USE OF DEATH.	etc.)					
Σ	21 D TIME OF INJURY	(Month) (Doy) (Year	(Hour)	21E. INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?		
	(APPROX.)		m	WHILE AT NOT	WHILE			
	22.				F			
		rtify that I held an I				on this bosis, deoth in m	_	on
	resu	Ited from: Notural cou	ses X	Accident Suicid			r .	
	ACTUA	. /1/	anne.	1-11		AL EXAMINER X		DATE SIGNED
	SIGNAT		WXXI	Tisher M.D.	ASSISTANT MEDIC	AL EXAMINER		
	EXAMII	NER'S			ASSOCIATE MEDIC			11-8-65
	NAME (ER, M.D.				
	AOVAL (Specie		23	C. NAME OF CEMETERY	er CREMATORY	23D. LOCATION (City,	town, or	county) (State)
B	urial	11/10	1/65	Mt Auburn	Cem.	Baltimore,	Wid.	

Glory A. Kilon 1348 N. Calhorn St.

NOV 9 1965 Robert E. Falleyma

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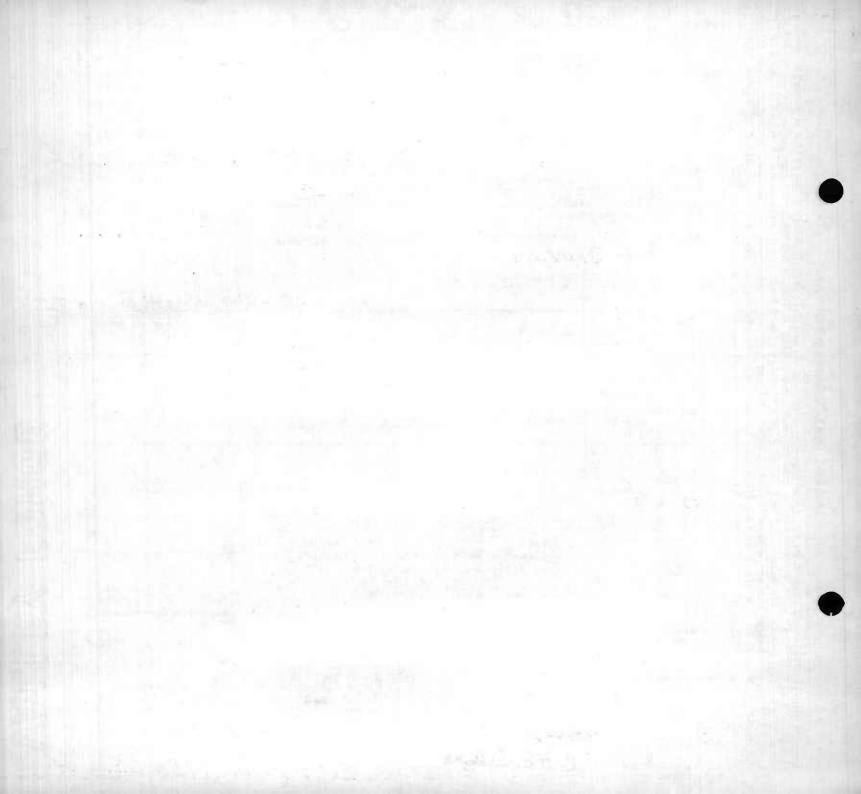
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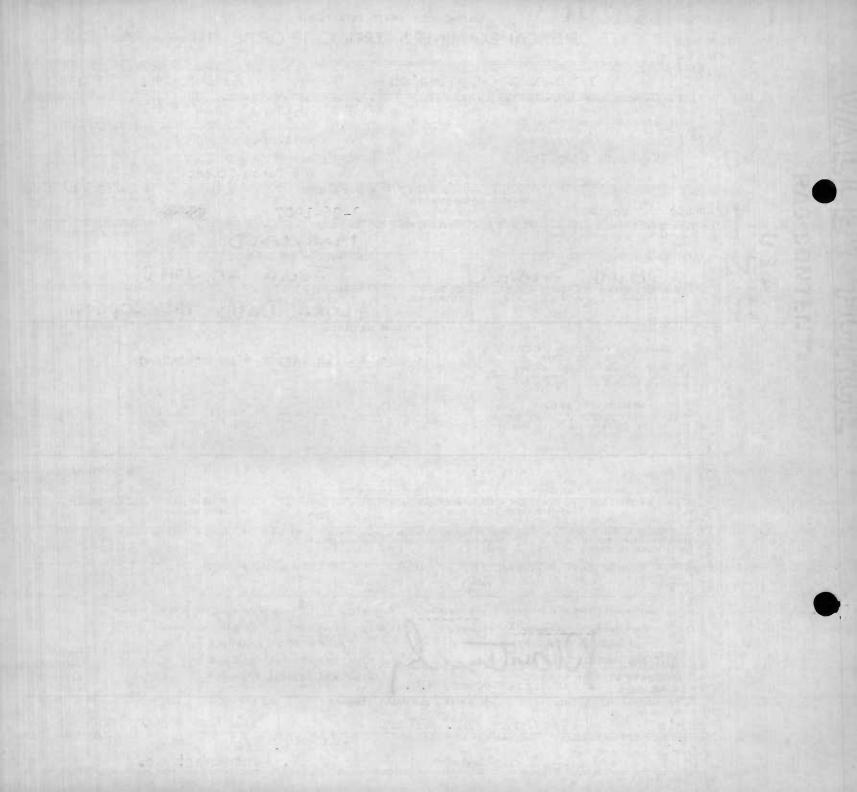
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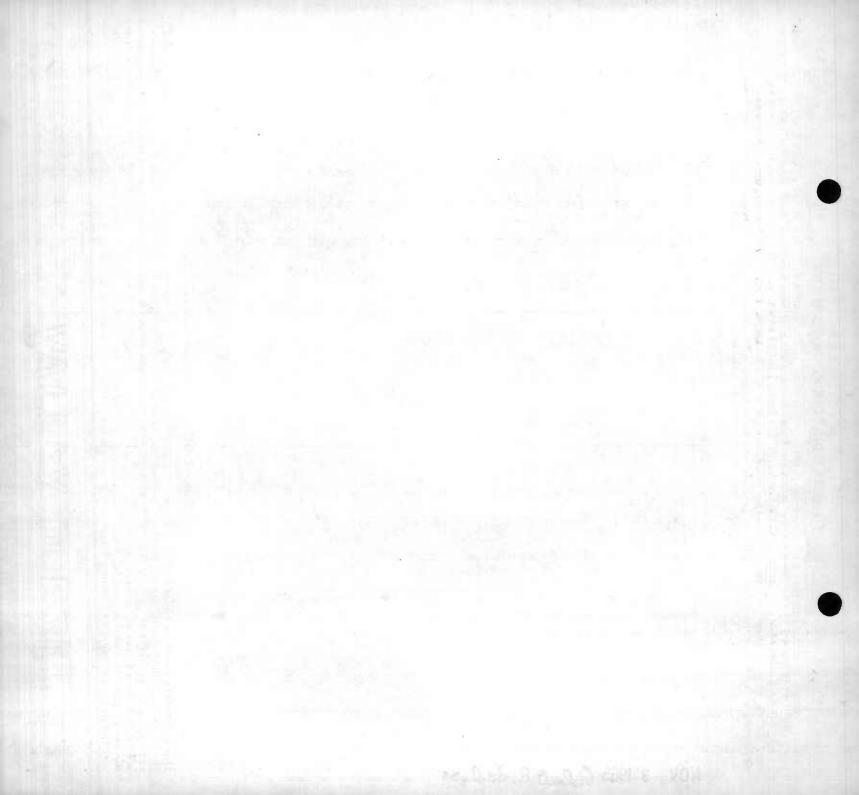
FUNERAL DIRECTOR:

THE THE SEA

BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 11444

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M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print) ISIAH S	MALL	(Isaiah)			vember 2		1:30 P M.
3. PLACE IN BALTIMORE, MARYLAND, W			A. STATE Ma	ryland	В.	COUNTY	idence befare admission.
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCALINSTITUTION		N (If outside litimor		, write RURAL	and give township)		
St. Agnes Hospit	al		D. STREET ADDR		h Street		
5. SEX 6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In)	years If Under	er 1 Yr. If Under 24 Hrs.
male negro			3-26-1		58		
10A, USUAL OCCUPATION (Give kind of world dane during most af warking lite, even if retired)	TOB. KIND OF	BUSINESS OR INDUSTRY	MAR	Y CAN	D Caunity)	12. CITIZ	ZEN OF AT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MA	IDEN NAM	Latte.	- 3	
15. WAS DECEASED EVER IN U.S. ARMED	MACI	116. SO CIAL	17. INFORMANT	PLIA	Sr. J	OH NU	
(Yes, na or unknown) (If yos, give war or dote		SECURITY NO.	4	7	9		
			FLORE OF DEATH	a Do	100	22 70	PLEA I INTERVAL BETWEEN
(This does not meon the mode of heart foilure, asthenia, etc. It means injury or complication which coused ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER 21A. EXTERNAL CAUSE WAS	CONTRIBUTING THE	(B) DUE TO (C)	no	(Yes ar Na)	20B. IF YES, WE	ERE FINDINGS (EATH?
UTING CAUSE OF DEATH.	otc.)	, form, foctory, street, o	ffice bldg., INJURY	OCCUR?		niy, give exect i	acanan,
OF INJURY (APPROX.)	W	HILE AT NOT AT W	WHILE	M DID INJ	URY OCCUR?		
22. I certify that I held an I	nquiry [Inspection X Aut	apsy and	that on th	is basis, death	n In my opinio	ın
ACTUAL SIGNATURE EXAMINER'S Pudican P	reite			DICAL EX	Acres .		DATE SIGNED
NAME (Type) Rudiger B		C. NAME of CEMETERY of	CDEAAATODY	220 1	OCATION	(City, town, or	county) (Stotol
REMOVAL (Specify)							
Burial 11/8	, ,	Mt. Alburn			altimor		ADDRESS
	\$ 8, F				rown & ntgomer		ADDRESS.
VS 151-REV. 1/1/65				1-		-	





VS 150-REV. 1/1/65

Such

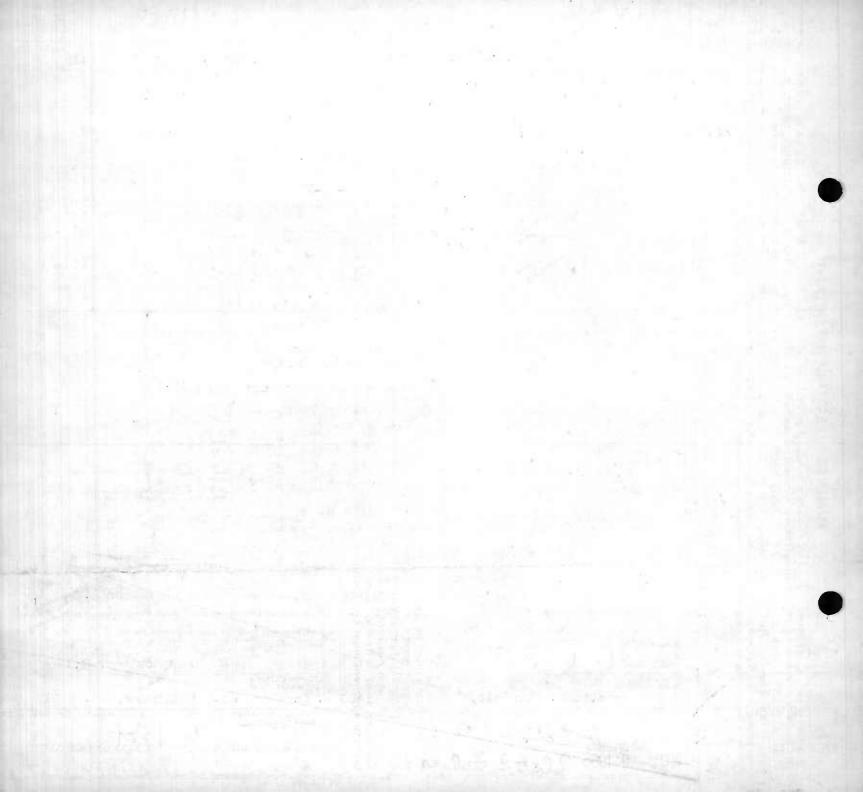
				BALTIMORE CITY	HEALTH DEPARTMENT		0.55
BIRT	H NO.			CERTIFICA	TE OF DEATH	Registered No.	65 11446
	CASE NO.	EASED	5 1144			AND HOUR OF DEATH	
(Тур	e or Printya	rtin Am	os Szephen	3	11/8	65 \50/pm	P.M.
3. P	LACE OF DE	ATH IN BALTIA	MORE MARILAND	MENDED	4. USUAL RESIDENCE (W A. STATE B. CO	here deceased lived, It is UNTY	nstitution: residence before admission)
	ULL NAME O		in hospital or institut or location)	ion, give street 2-65		Windre outside city timits, write	RURAL ond give township)
	NSTITUTION		1	11-26-65	Baltimore		
U	frion M	emorial	Hospital	11-20-05	D. STREET ADDRESS	(If rural, give location)	
-	-	14 0000	7 4448	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
5. S	nale	Gautasi	WIDO	OWED, DIVORCED (specify)	10/7/80	tost birthdoy)	Months Doys Hours Min.
		UPATION (Give		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Lon	TIBED	SALESM		MBER	Marylan	2	usa
	FATHER'S NA		Julia Co	THER	14. MOTHER'S MAIDEN N	IAME	
	Jere	miah :	Stephen	5	Maryi	Jones	
15. V	Was Deceased	Ever in U. S.	Armed Forces? wor or dotes of serv	1 6. SOCIAL SECURITY NO.	Graceo. 5	. (wif	ADDRESS
	No			217-01-1803	Graceo. 5	tephenis	Same
	18. 6 /	2 X I		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA		ITION DIRECTLY				
	(This door	LEADING TO	mode of dying,	(A) (7 A	NGRENE	5CROTO	n
	heart failure,	osthenio, etc.	. It meons the disc	ose,			
			ch coused deoth.)	(R) AC	STE MYOU	Cardine Z	-1/-
		ANTECEDENT					
	rise to Ih		ONS, if ony, gi ouse (A) stoting N lost	the (c) Se	pticen	nia	
	ONDEREN	II		/			
ATION	TO THE D		DITIONS CONTRIBUTED TO				
U		F OPERATION	198. CONDITION	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE	FINDINGS CONSIDERED
ERTIF	TNOU	1965	GANGIENE	Scrotam		IN CERTIFYING CA	CUSES OF DEATH?
CAL CE	OR CONTRIB	NT WAS UND UTING CAU y medicol exom	ERLYING T	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(It in Bottimor	re City, give exact location)
000	21 D. TIME	(Month) (Do	oy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
×	(APPROX)			While At Not While Work Not Work			
	22. I certify	that (1) (this	s hospitol) ottend	ed the deceased from	7/11/65	19 to 3/	11/65 19
	that (I) (we) lost sow the	e deceosed olive	on 8/11/65	19ond	that in (my) (our) op	Inion death occurred on the date
	and hour on	d from the co	ouses stated above	ve. (I) (We) (did) (did not) v	iew the body ofter deat	h.	
	23A SIGNATI	URE	01		And	S 11 S	23B. DATE SIGNED
	niche		Stephens	Phy		Phys.	8/11/65
	NAME (I CHARD	R. STEPH		UNILONUM EMOR	HALIHOS HAT	Aprilal
244	BURIAL CRI		DATE Character	C. NAME OF CEMETERY OF CRI	MATORYNUTCh 24D	LOCATION (C	City, town, or county) (State)
	Burial	T '	ואסר/ דר/ ד	Churchvil	Tan Yard	Churchville	larford Co., Balto Go., Md.
		BY HEALTH	DEPT. 25B. NA	ME OF REGISTRAR,	25C. FUNERAL DIRECT		ADDRESS . D.
1	NOV 9	1965	0.583	Farley MA	Jenkins		3alto 12, Md
-				- 1			AND THE REAL PROPERTY OF THE PARTY OF THE PA

V.S. 153 11-26-65 Collected by V S. 163 11-22-65 MH

		CEASED	U.				2. DATE AN	D HOUR OF DEAT	ГН
	e or Print)		IN G. S					ovember 19	
C	ERT		THE HOSPITAL OF	AMI	ENDED	Md.	B. COUN	ltimore	f institution; residence b
	HOSPITAL OR	oddress	or location)		11-22-6	C. Citt of		tside city limits, writ	te RURAL and give tow
16	,	T 13	**			Rose		rurol, give location)	05-00
		Lutner	an Hosp	oltal				2017	
5. S	EX	6. RACE	7.		NEVER MARRIED	8. DATE OF	Philadel:	9. AGE (In years	If Under 1 Yr. II Months: Doys He
R	fale	Caucasi	an	marrie	o, DIVORCED (specify)	15 00	tober, 19	lost birthdoyl 08 57	Months Doys Ho
OA.	USUAL OCC	UPATION (Give	kind of work 10		BUSINESS OR INDUST	RY 11. BIRTHPL	ACE (State or fore	gn country)	12. CITIZEN OF
done	paint	f working life, eve ET	n if refired)			Mar	ryland		U.S.A.
3. 1	FATHERS NA						R'S MAIDEN NA	ME	0.0.4.
	A	dam Seib	ert			1	Katherine	Stumptner	
5. \	Wos Decease	d Ever in U. S.	Armed Force	s?	1 6. SOCIAL	17. INFORM			ADDRESS
(Yes	no or unknow 7 e S	Sept. 43	wor or dotes	of service)	215-09-89	Mrs.	Florence S	Seibert,77	22 Philadelp
	18. 45	0.21	Mari			OF DEATH	0		INTERVAL ONSET AN
	DISEA	LEADING TO		CTLY	B		2 Pect	+ :	3,1357 21
				- 1	(A) JY	ngini	2/401		· · · · · · · · · · · · · · · · · · ·
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		, asthenia, etc.	II means It	re disease,	DUE TO				
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	hearl failure injury ar ca	, asthenia, etc. mplication which ANTECEDENT	II means It th caused d	ne disease, eath.)	(B) DUE TO				***************************************
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MEDICAL CERTIFIC	DISEASES rise la II UNDERLYIN OTHER SIGN TO THE IDISEASE OF 19A. DATE OF 19A. SIGNAT	ANTECEDENT OR CONDITION OR CONDITION OR CONDITION OR CONDITION OF CONDITION OF OPERATION (Month) (Do y that (1) (this o) lost sow the ond from the con URE LOUI EMATION, 248.	II means it ch caused d CAUSES DNS, if an iuse (A) s N last. Dittions CO NOT RELATICAUSING IT. 179B. CONDIT WAS PERFO ERLITING ERLITING se deceased uses stated S. A. M.	ne disease, eath.) ny, giving laling the la	(B) DUE TO (C) GE E WHICH OPERATION PLACE OF INJURT (e.g. re, form, foctory, street, or the property of the	20A. AU in or obout 21 office bldg., IN hile 196 vfew the ba Attending X hys. 23D. ADDRE	TOPSY? (Yes or No	OF THE STATE OF TH	pore City, give exact local accurrence of the control of the contr
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FUNERAL DIRECTOR: IMPORTANT

	00 1111		BALTIMORE CITY	HEALTH DEPARTMEN	NT Th	65 11448
BIRTH NO.	65 1144	8	CERTIFICA	TE OF DEAT	H Registered N	0.
N.E. CASE NO. 1. NAME OF DI (Type or Print)	CEASED	JONES, F	OBERT		TE AND HOUR OF DEA	
3. PLACE OF D	EATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE		f institution: residence before admission)
FULL NAME HOSPITAL O		ital or institution ation)	, give street	Maryland	Late Hand	8-07
1				Baltimore D. STREET ADDRESS	(If rurol, give location)	21213
اللحظالة	St.Jo:	seph Hosp	oital	1101 N. B	roadway	18
5. SEX	6. RACE	7. MARRIEI WIDOW	D, NEVER MARRIED ED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	Negro		lowed	4-11-19	46	
	CUPATION (Give kind of of working life, even if retir		OF BUSINESS OR INDUSTRY		or loreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS N	AAAE	Jan	your	Virginia	JALAAR	uxa
mi	on CID			Datt.	Denta:	1
5. Wos Deceas Yes, no or unkno	ed Ever in U. S. Armed	forces? dgtes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	10.00	ADDRESS
-	0 -		092-09-957	DLa	mily	
1B. 4 2	0.1		CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION LEADING TO DEA		Comm	achira baset	foi luma	
	nol mean the mode		DUE TOMY	estive heart ocardial infa	ration	99001010010010001000000000000000000000
	e, osthenia, etc. It me omplication which cou					
	ANTECEDENT CAU	SES	(B) Seve	re depression	and malnutr	ion
DISEASES	OR CONDITIONS,	if ony, givin				
	the obove cause to NG CONDITION last.		e (C)	@m000mp==0=000000=00000=000000=00000=	• • • • • • • • • • • • • • • • • • • •	
	11					
OTHER SIG	NIFICANT CONDITION					
DISEASE C	R CONDITION CAUSIN	IG IT.				
DISA. DATE	OF OPERATION 198. (PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYIN BUTING CAUSE OF	h	B. PLACE OF INJURY (e.g., in the control of the con	n or obout 21C. WHERE D	OID (If in Boltin	more City, give exoct locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Y	v	E. INJURY OCCURRED /hile At	le 🗂	D INJURY OCCUR?	
22 1	(,) , , / () / () ; , }		the deceosed from		65	November 3, 19 65
					and that in (my) (our)	opinion death accurred on the date
and hour	and from the couses	stated above.	(I) (We) (did) (dld not)	view the body ofter de	eoth.	
23A, SIGNA	TURE	0-				23B, DATE SIGNED
1	icito V	. Val	CEOM.D. Att	ending Med.	Stoff Phys.	November 3,1965
23C. PHYSIC NAME	Gracito V	. Patric	io. M.D.	23D. ADDRESS	olina St. Ba	ltimore, Md. 21213
	REMATION, 248. DATE		NAME OF CEMETERY OF CR		24D. LOCATION	(City, town, or Acunty) (State)
Burn	(Specify) 11/9	15 hi	Halvar	y (Imotive)	aaco	Ind
25A. DATE REC	9 1965	25B. NAME	Se REGISTRAR Failuma	25C. FUNERAL DIR	ECTOR	ADDRESS
VS 150-BCV 1/	1/65	-		MAN	munama	2110111111010101



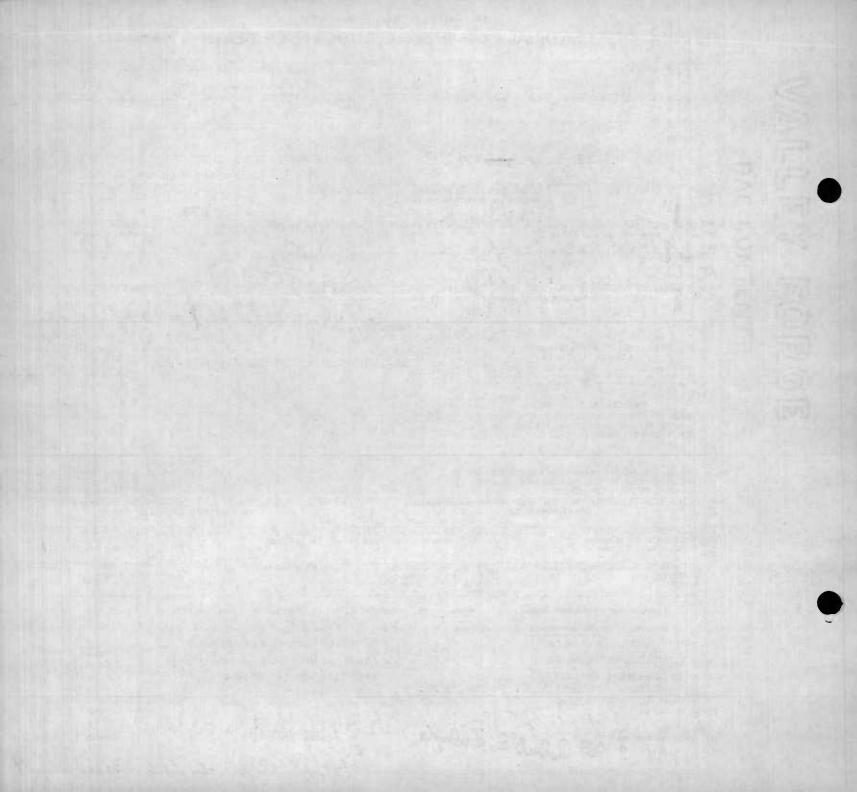
BIR'	TH NO. DO 11443 MEDICAL EX	AMINER'S CER	TIFICATE OF D	EATH Registe	ered No.
	E CASE NO.				
(Ťy	MARY L.	WRIGHT		ber 5, 1965	
	LACE IN BALTIMORE, MARYLAND, WHERE PRONOU	A.			litution: residence before admissio
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) TITUTION	THON, GIVE STREET	Baltimore	carparate limits, write	RURAL and give township)
0	2007 E. Lafayette State	tAVC 0.	STREET ADDRESS (If rural,	give locotion) fayette	test Ave.
5. \$		NEVER MARRIED DIVORCED (specify)	DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hi Months, Doys Hours Min.
don	. USUAL OCCUPATION (Give kind of work 10 B. KIND OF eduring most of working life, even if refired)		ind	country)	12. CITIZEN OF WHAT COUNTRY?
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	J ILOSOCIAL 17.	MOTHER'S MAIDEN NAME	, ?	ADDRESS
(Yes	, no or inknown) (If yes, give war or dates of service)	SECURITY NO.	Earnly 200	73. Pa	fayette Ovz
	DISEASE OR CONDITION DIRECTLY	CAO SE O	V	. /	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Arterios	sclerotic Heart	Disease.	
z	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO			
ERTIFICATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		_	200	
CERT	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	NO	OB. IF YES, WERE FI	
MEDICA	21 A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.	PLACE OF INJURY (e.g., in a farm, factory, street, affice	obout 21C. WHERE DID (I bldg., INJURY OCCUR?	f in Baltimare City, gi	ve exoct location)
Σ	OF INJURY	VHILE AT NOT WHI	21 F. HOW DID INJU	RY OCCUR?	
	22. I certify that I held an Inquiry	Inspection X Autops	sy and that an this	basis, death in n	ny opinian
	resulted fram: Notural causes X A	ccident Suicide _		ndetermined mann	er
	ACTUAL Charles	CUL WO AS	CHIEF MEDICAL EX	the same	DATE SIGNED
	EXAMINER'S NAME (Type) Charles S. Pet	AS	SSOCIATE MEDICAL EX	- band	11/5/65

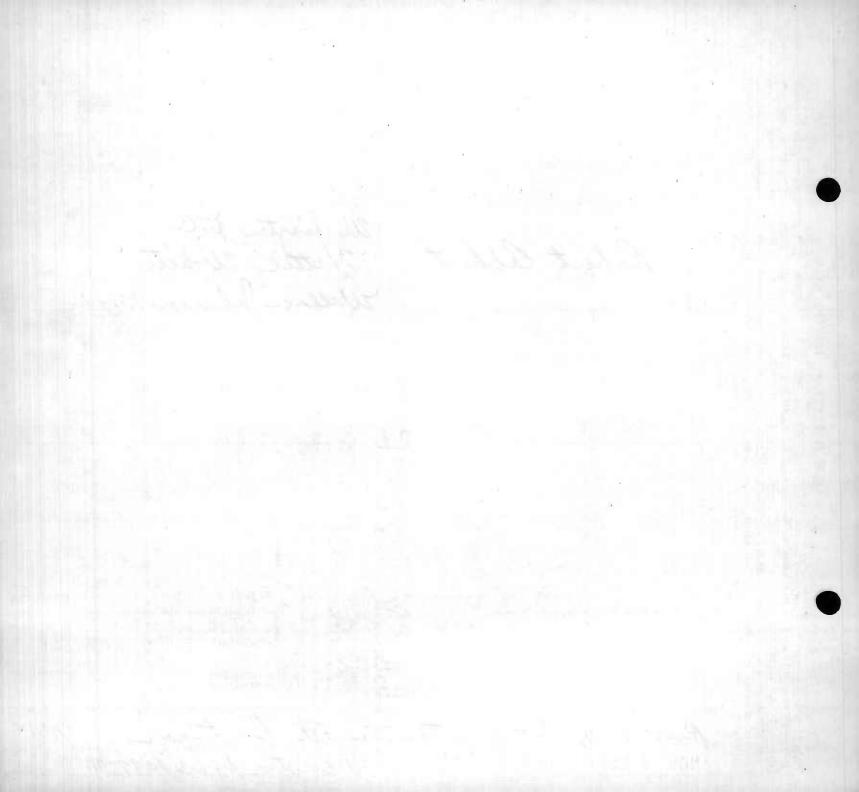
23C. NAME OF CEMETERY OF CREMATORY

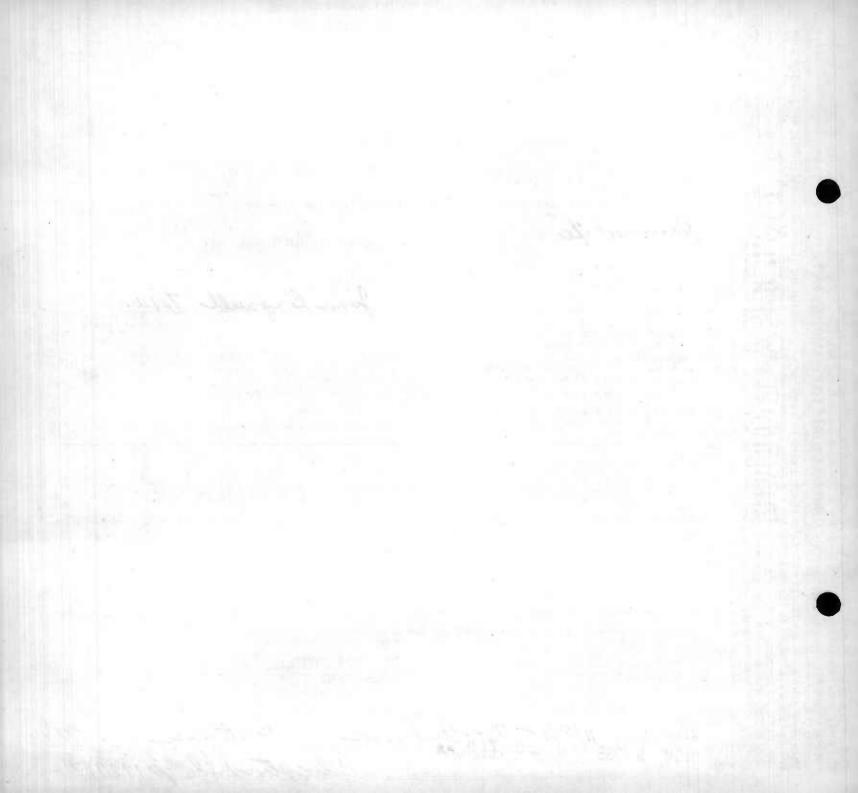
23D. LOCATION

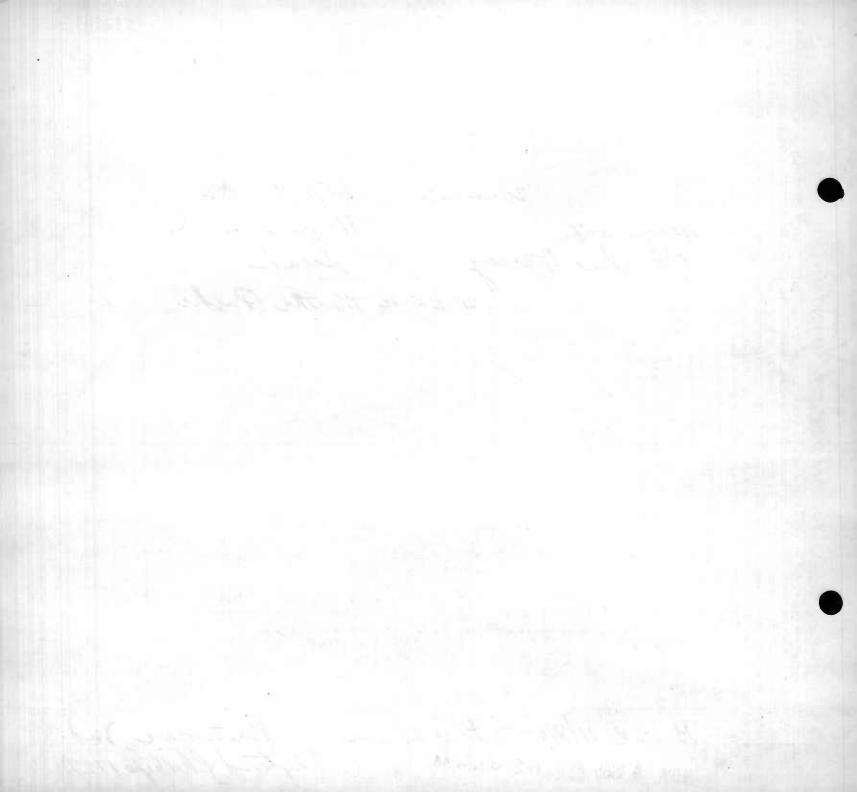
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)

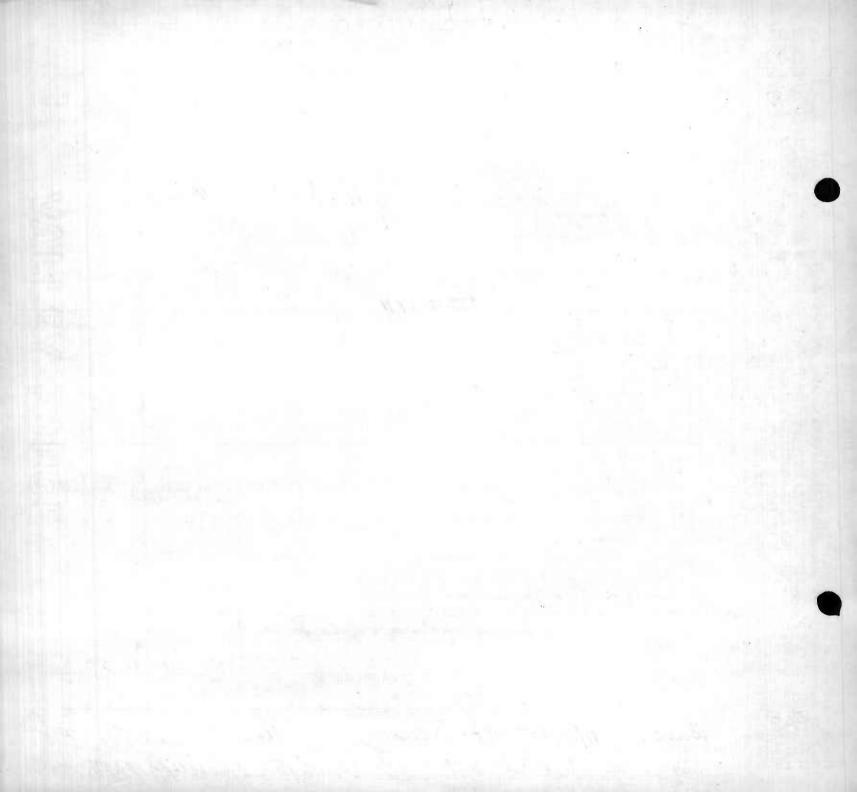
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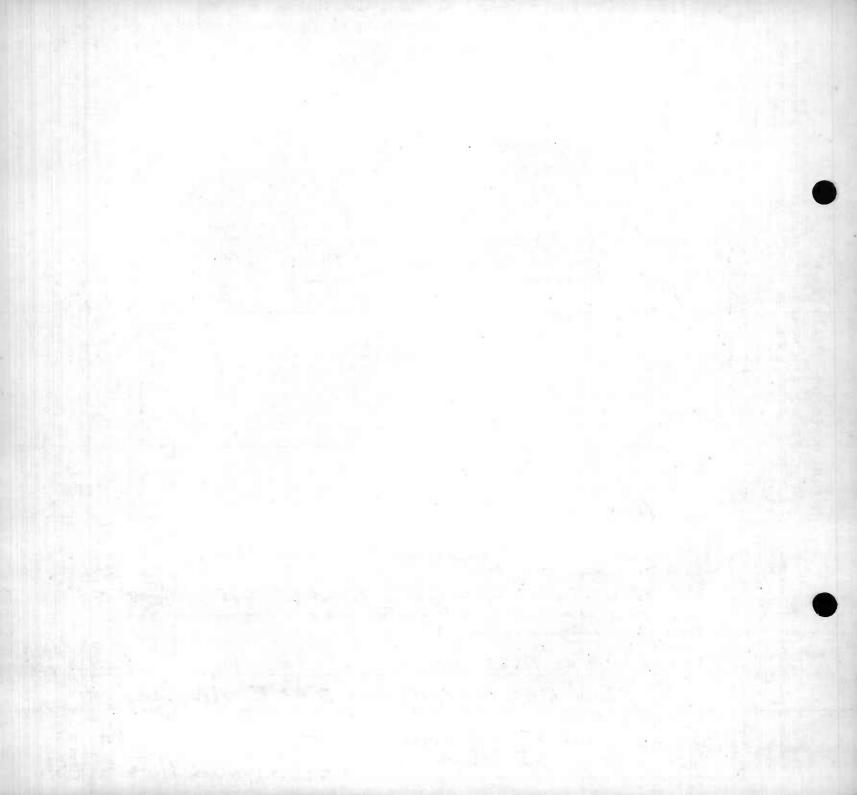




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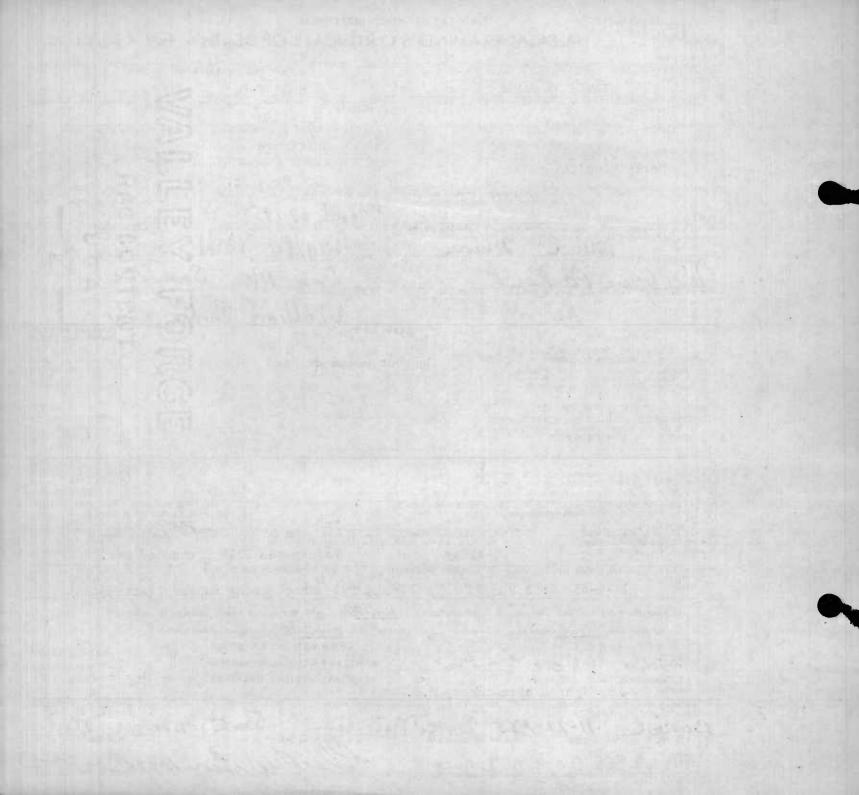
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



	ERTIFICATE OF DEATH Register No. 1455
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
SYLVESTER PARKER	11 6 65
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	11-6-65 9:10 PM. 14. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	Maryland B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore
Mercy Hospital	D. STREET ADDRESS (If rurol, give locotion)
	730 Mura St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) male negro 104. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTR)	8. DATE OF BIRTH 9. AGE (in years lift Under 1 Yr. If Under 24 Hrs. Months, Doys Hours, Min. 15 (1). BIRTHPLACE (Stok or foreign country) 12. CITIZEN OF
done during most of working life, even if refired) The state of working life, even if refired) The state of working life, even if refired)	111. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY?
William Parker	Ora Moe Samuels
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
pv:	William VArker SAME
18. 984 X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.) LEADING TO DEATH (AGunshot DUE TO	wound of head
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CO	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
. ×	20A. AUTOPSY? (Yes or Not 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes yes
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) alley	in or obout 21C. WHERE DID (If in Boltimore City, give exect location) office bldg., NJURY OCCUR? alongside 1218 Brentwood Ave.
OF INJURY	Shot during robbery (attempted)
22	topsy X and that on this basis, death In my apinlon
resulted fram: Natural causes Accident Suicid	e Hamicide X Undetermined manner
ACTUAL SIGNATURE WAS CENTRE M.D	CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINERXX
EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER 11-7-65
23A, BURÍAL CREMATION, 23B. DATE 23C. NAME of COMETERY of REMOVAL (Specify)	OF CREMATORY 23D. LOCATION (City, town, or county) (Stotel
Burel 11-12-1965 BANO. MA	J. Com. Satimore md.
24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR	24C, SUNBRAL DIRECTOR ADDRESS
NOV 9 1965 P. O. A. O. T. A. MA	Moy () Uson 1000 Deantly an
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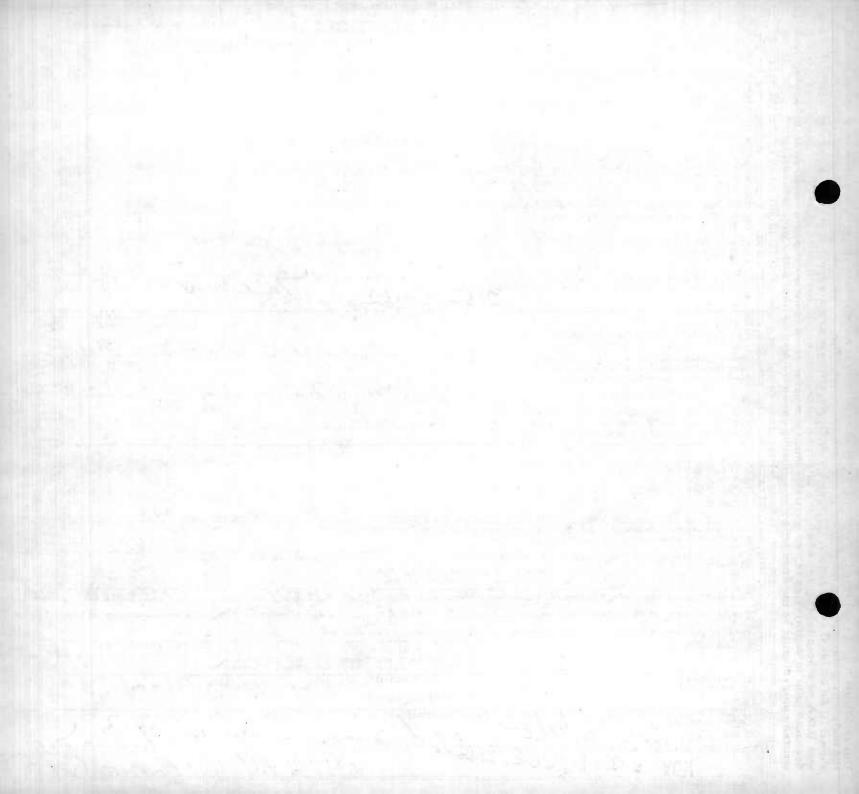
DIRECTOR:

FUNERAL

approved

VS 150-REV. 1/1/65

(1h)65	11458	BALTIMORE CITY	HEALTH DEPARTMENT	1	VE 444E0
BIRTH NO.	11400	CERTIFICA	TE OF DEATH	Registered No.	5 11458
M.E. CASE NO.	- /	,	2. DATE AN	D HOUR OF DEATH	
(Type or Print) No PIICH	45 //int	400	11-	-9-69	1 / 1.
3. PLACE OF DEATH IN BALTIMO	RE MARYLAND	0/\		e deceased lived. If inst	itutian: residence before admission
			A, STATE B. COUN	TY	D. Ofen
FULL NAME OF (If not in I HOSPITAL OR oddress or	hospital or institution (location)	, give street	C. CITY OR TOWN (If out	The state of the state of the Bill	Dall
INSTITUTION			C. CITSON TOWN III OUT	Bide city limits, write KU	RAL and give township)
	/	1 /	D. STREET ADDRESS (If	rural, give lacation)	09 6300
Ban Sacarik	s Hasp	1+11	2127 500	111 1 11	1 21200
			dia 1 Jour	hland Ka	Li Clary
SEX 6. RACE	WIDOW	D, NEVER MARRIED ED, DIVORCED (specify)		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
111 00	1110	RRIEGU	111927,1908	5/	
OA, USUAL OCCUPATION (Give king one during most of working life, even if		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Dist Sales Ma	MODER +	purential Ins	CANNERT i	-11+	11.5.A.
3. FATHER'S NAME	VV1-7 101 /	NOWN WITH IT	14. MOTHER'S MAIDEN NAM	AE .	00.0777
X Pusha C	12		1,000	10 =	, , , , ,
DON45/10, 0.	/7'/	11 / 40 01 11	NORKH	^ ,	ADDRESS
5. Was Deceased Ever in U. S. Ar Yes, no ar unknown) (II yes, give was	med rorces: r or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ME	ldrad M.	lle Tusha
	0	15-07-7260	Ham 153101	V Sheet.	
18. 4.20.11		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITI	ON DIRECTLY			4	
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(This does not mean the m heart failure, asthenia, etc. It		.,			
injury or camplication which		0	NT INFARCTION,	D. + 111.11 1+	111
ANTECEDENT C	AUSES	(B) ACCE	NT INFARCTION,	rost, WAII, LI.	1 AHY
DISEASES OR CONDITION	S, if any, givin	g		. VENTRICE	e. /
rise la lhe abave caus		e (C)			######################################
UNDERLYING CONDITION	asi.				
2 071150 01011510 1117	CONTRIBUTE	N.C.			
OTHER SIGNIFICANT CONDIT	T RELATED TO 1				
DISEASE OR CONDITION CAL		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	OR IF YES WERE FIL	NDINGS CONSIDERED
	AS PERFORMED	WINCH OFERIOR	Vier	IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDER	YING 2	18. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE	OF he	ome, form, lactory, street, a	fice bldg., INJURY OCCUR?	THE POINTING	ony, give oxoci locoloni,
O DEATH (natify medical examine	1)	Çel			
OF INJURY (Month) (Doy)		E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		Vhile At Not While At Work	e 🗌		
22. I certify that (1) (this h	ospital) attended	the deceased from	November 7	0 65 m N	OVEMBER 8 19 65
					on deoth accurred on the do
				of in (my) (our) apini	on deorn accurred on the do
and haur and from the caus	es stated above.	(N) (We) (did) (did not)	iew the body ofter death.		
23A. SIGNATURE	14	1			23 B. DATE SIGNED
Chur al	Laurpar	M.D. Atte	ending Med. Director	Staff Phys.	11/8/65
23 C. PHYSICIAN'S			23D. ADDRESS Rom	cours Hosp	141
NAME (Type)	WATHAM	PAISARL M.D.	2011		140
24A. BURIAL CREMATION, 24B. D		NAME of CEMETERY OF CR	EMATORY 24D 14	QCATION (City	, tawn, ex-spunty) (State)
REMOVAL (Specify)	1111		270. 5	San /	-7 D1 (
Pural 11,	11/165	voodly	ewn +	acto.	1. one
NOV 9 1965	7. 0 25B. MAM	-SF SEGINBAR	25C. FUNERAL DIRECTOR	11, 0	ADDRESS CLOCK
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VS 150-REV. 1/1/65					



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	ME OF DEC		avid Schmidt	2. DATE	MAT Q 6	
3. PL/	ACE OF DE	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (W	Nov. 8/65	institution: residence before admission
611				Md.	JNTY	20-X11
) HO	SPITAL OR	oddress or locotio	or institution, give street n)	C. CITY OR TOWN (II	outside city limits, write	RURAL ond give township
		ingham Rd.	Amt 72 A	Baltimor		
03	TIOGG	THE HAMI MO.	Apt. 3 A		(If rurol, give location)	
					ingham Rd.	. Apt. 3 A
Ma.		% RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH Dec. 29/87	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 H Months Doys Hours Min.
		UPATION (Give kind of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country!	12. CITIZEN OF WHAT COUNTRY?
	etire			Balto. Md.		USA
3. FA	THER'S NA	ME		14. MOTHER'S MAIDEN N	AME	
-	S	chmidt		Unknown		
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	1 00	~/ . /				ONSET AND DEATH
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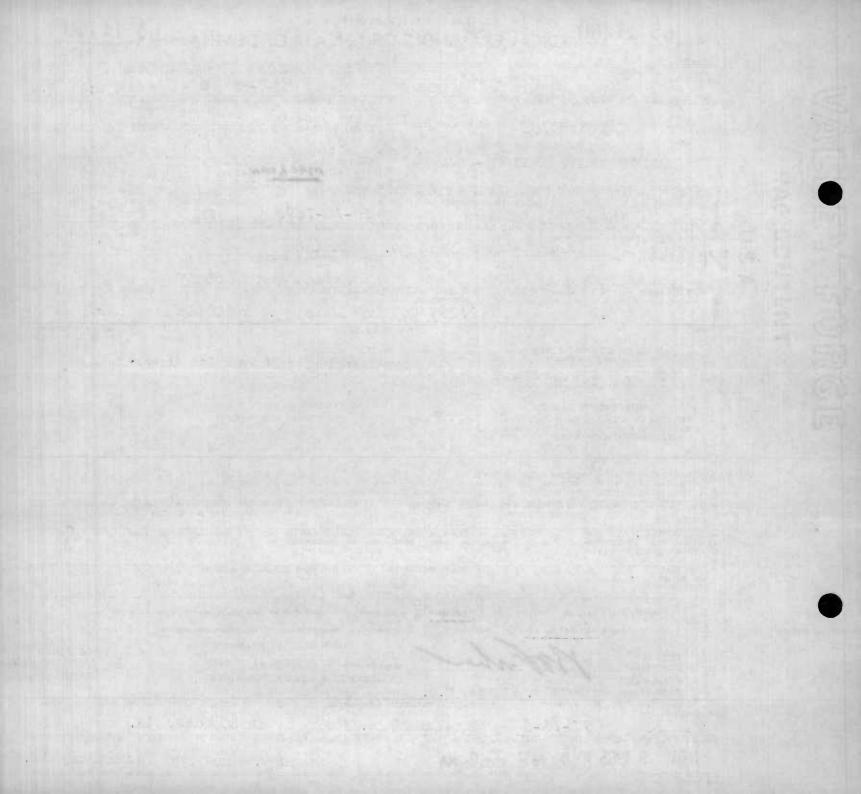
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CE	BALTIMORE CI	TY HEALTH DEPARTMENT	CE 44AC
BIRTH NO.	1146 MEDICAL EXAMINER	S CERTIFICATE OF	DEATH Registered No. 1140

		77122						
_	CASE NO.							
	NAME OF DEC		HOWARD	ust BOTTIGER		11-7-	HOUR PRONOUNCE	5:10 P.M.
3. P	LACE IN BALT	MORE MARYLAND,	WHERE PRONOU	NCED DEAD	A. STATE		eceosed lived. If insti B. COU	itution: residence before admission)
HO	L NAME OF	(IF NOT IN HOSP ADDRESS OR LOG		TION, GIVE STREET	Marylan c. city or tow		corporate limits, write	RURAL and give township)
	BALT	IMORE CITY	HOSPITAL	- DOA	Baltimo	ESS SIF rurol,		-101
						Leand B		
5. S	EX	6. RACE	WIDOWED, D	NEVER MARRIED	10-16-1		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Male USUAL OCCI	White	maruu	BUSINESS OR INDUSTRY		State or foreign	67	12. CITIZEN OF
done	during most of v	varking life, even if retired	1	& Seal (o.	Marula	1	CO UNITY /	WHAT COUNTRY?
	TACHUNU TATHER'S NAM		DIL COTOR	o seur co.	14. MOTHER'S MA			0.07
	Georg	e Bottige	7		Barbar	a Ann	Bittner	
		D EVER IN U.S. ARM		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
1	20			212097947	Mrs Dais	y C. B	ottiger	same
	1B. 44	3 X		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	SE OR CONDITION	DIRECTLY					
	(This does n	LEADING TO DEA		(A) Hyp	ertensive	cardiov	ascular dis	ease
	heart foilure.	nplication which cause	ns the diseose,	500.10				
	A	NTECENDENT CAU	SES					
	DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B)				
		E ABOVE CAUSE (A)						All the span !
<u>N</u>				(C)				
CERTIFICATION		II NIFICANT CONDITION DEATH BUT NOT I						
TIF	DISEASE OF	R CONDITION CAUSI	NG IT.					
	19A. DATE OF		ERFORMED	VHICH OPERATION	No		OB. IF YES, WERE FIN N CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
O	UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. P home, etc.)	lace of Injury (e.g., form, foctory, street, c	in or obout 21C. W	HERE DID (IF	in Boltimore City, giv	ve exoct locotion)
	21 D TIME OF INJURY	(Month) (Doy) (Ye		E. INJURY OCCURRED		M DID INJUE	Y OCCUR?	
	(APPROX.)		m. W	ORK NOT	ORK ORK			
B	1 cert		Inquiry .	Inspection X Aut	opsy ond	thot on this	bosis, deoth in m	y opinion
	resul	ted from: Notural c	ouses X A	coldent Suicid			ndetermined monne	er
	ACTUAL	2/1	solo 1	1.		EDICAL EXA		DATE SIGNED
	SIGNAT	URE	10 W	M.D.	ASSISTANT MI			11-8-65
	NAME (S. FISH	ER M.D.	ASSOCIATE M	EDICAL EXA	AMINER [_]	11 0 00
	. BURIAL CRE	MATION, 23B. DATE		NAME OF CEMETERY	CREMATORY	23 D. LO	CATION (City,	town, or county) (Stote)
	burial	11-1	1-65	Moreland Me	em. Park	Bo	Itimore,	Md.
		BY HEALTH DEPT.	24B, NAME	OF REGISTRAR		AL DIRECTOR	1-1-1-11	ADDRESS
	NOV S	9 1965 12 0	A Q To	0	Loon	and a	Ruch Inc	Baltimore. Md.

VS 151-REV. 1/1/65



IMPORTANT

FUNERAL DIRECTOR:

07	- 11101	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	11461	CERTIFICA	TE OF DEATH	Registered No.5	11461
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	RAPPARA	1. H/A)T	2. DATE AN	D HOUR OF DEATH	3:25 A.
3. PLACE OF DEATH IN B	ALTIMORE MARYLAND	11000			itutian: residence befare admission)
	not in hospital or institution ddress or location)	on, give street	C. CITY OR TOWN (If out:	side city timits, write RU	RAL and give township)
UNION	MEMORIA	. Hosp.	D. STREET ADDRESS (III	VERLAND	Ale
5. SEX 6. RACE	N WIDOW	1 - 1 1 1 1 1 1 1 1	MARYLAND	last birthday 73	If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.
done during most of working life		TEE	111-1-	92	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	AE	
VOIU)1411NEN		xlodok Ro	se Lessner	
15. Was Deceased Ever in (Yes, na or unknawn) (If yes,	U. S. Armed Farces? give wor or dotes of service	e) 16. SOCIAL SECURITY NO.	17. INFORMANT	111000	ADDRESS
NO 21	6-10-5468A	+ UNIC	OED. HUNT	4666	UNGLOOPE AV.
18.175:0	1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	ONDITION DIRECTLY G TO DEATH	V	ESPIKATORY	INFECTION	1.000 0 . 5
	the mode of dying,	A) (A) COURTO	CZLINATIONCA	161-6(7101	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	, etc. II means the disective which coused death.)	ose,	NO 0 1 1 2 2 1 1 1 2 2 1 1 1 2 2 2 2 2 2 2	h 100i	2 4
	DENT CAUSES	(B) C	AKUNUNH O	F OVALY	2 MONTHS
DISEASES OR CON	IDITIONS, if ony, giv	ing DUE TO T	ARCINOMIA OF	5	
	couse (A) stoting				
ONDERCTING CONE	AA				
	CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO THE CONTRIBUTION OF THE CONTRIBUTION				
DISEASE OR CONDIT			I20 A. ALITOPSY? (Yes or No.	20R IF YES WERE EIL	NDINGS CONSIDERED
19A. DATE OF OPERAT	WAS PERFORMED	ok Which Orthanon	20 A. AUTOPSY? (Yes at No.	IN CERTIFYING CAUS	SES OF DEATH?
21A. ACCIDENT WAS OR CONTRIBUTING DEATH (natify medical	CAUSE OF	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare C	City, give exoct location)
	(Doy) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF INJURY		While At Nat While Wark At Wark			1
22 Languilly shot (H)	(this hospital) attende	7	15 PM 10/30	0 63 . 225	NU 11/9 10 65
	w the deceased alive	201 Dila . 11.	9 19 65 and the	at in/west (aus) anini	an death occurred on the dat
				or in(my/ (oor/ opini	on death occurred on the dat
23A. SIGNATURE	ne couses stoted above	o. U) (we) (did) (ale not) v	view the body ofter deoth.		23B. DATE SIGNED
UMA	11/11/11/11	M.D. All	ending Med.	Stoff \	11/9/15
23C. PHYSICIAN'S	10 Wanne	Phy	23D. ADDRESS	Phys.	11 1100
MARKETT - ALCO	N. WHITLOCK	M.D.	UNION MEMO	RIAL HOSPI	TAL
24A. BURIAL CREMATION REMOVAL (Specify)	. 24B. DATE 240	NAME of CEMETERY OF CR	EMATORY 24D. LC	OCATION (City,	, tawn, ar caunty) (State)
burial	11-12-65 1	oudon Park (emetery Ba	ltimore, Me	d.
25A. DATE REC'D BY HEA	LTH DEPT. 258. NAA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
NOV 9 19	65 P.D. 48	For Owns.	Leonard J.	Ruck Inc I	Baltimore, Md.
VS 150-REV. 1/1/65	A TO CHANGE				

INTERITAL

BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered To. 11462

M.E. CASE NO.

1. NAME OF DECEASED
(Type or Print)

ROSATION MUFFOLETTO

2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print)

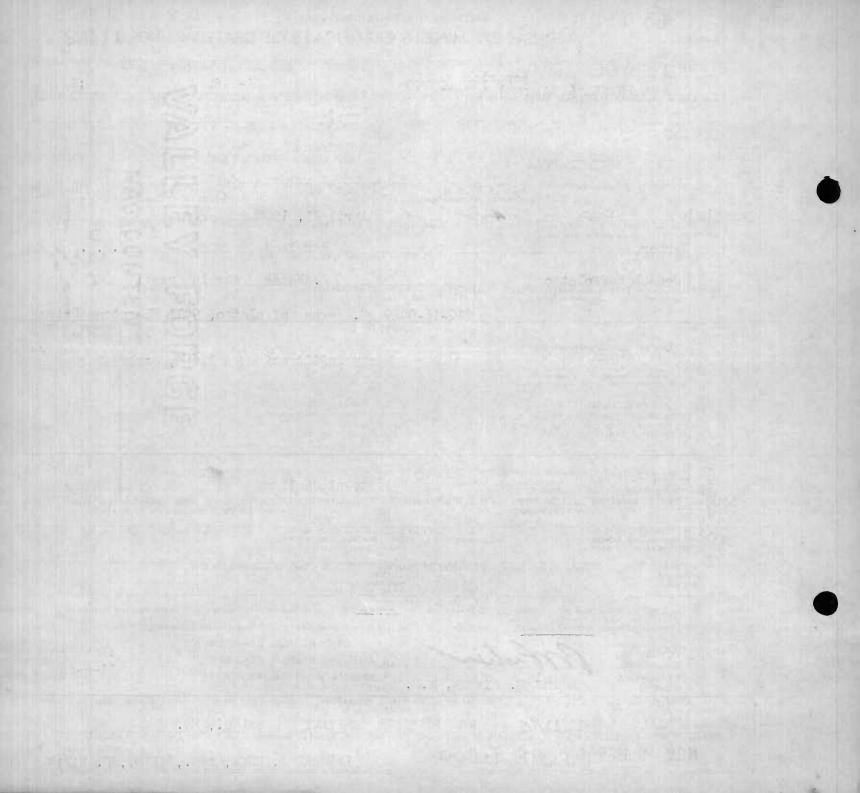
ROSATION MUFFOLETTO

2. 15

MIL CASE NO.						
1. NAME OF DECEASED (Type or Print)	Ro	sario			D HOUR PRONOUNCED DE	
TRANK	FRANCIS	MUFFOLETTO	4. USUAL RESID		1-8-65 deceased lived. If institution:	2:15 P M.
			Mary land		B. COUNTY	
FULL NAME OF (IF NOT HOSPITAL OR ADDRE	SS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOV	VN (If outsid	e corporate limits, write RURA	L and give township)
A			Baltimon		01	0
3209 BEVI	ERLY ROAD		D. STREET ADDI			
5. SEX 6. RACE		RRIED, NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years If U	nder 1 Yr. If Under 24 Hrs.
Male Whi		WED, DIVORCED(specify)	A	1000	last birthdays Mon	ths Days Hours Min.
	ve kind of work 10B. KI	nd of Business or INDUSTR	April 25	State of foreign	in country) 12. C	TIZEN OF
Barber	ven ir renred)		Mar	vland		U.S.A.
13. FATHER'S NAME			14. MOTHER'S M	AIDEN NAM	E	
Joseph Muff	oletto	ES? 16, SOCIAL	17. INFORMANT	NA XXX	Angela Presti	PFCC
(Yes, no ar unknown) (If yes, give	wor or dates of se	SECURITY NO.				
118.		217-16-0029	C. Verne	Muffo.	letto, 9411 Fla	gstone Drive
00/11	1		OF DEATH			ONSET AND DEATH
LEADING	TO DEATH	(A) F	atty infil	tration	n of liver, mar	ked
(This does not meon the heart foilure, osthenio, e injury or complication w	tc. It means the di	PILE TO			in an an income a second a se	(A further a continuous continuou
DISEASES OR CONDI	ENT CAUSES TIONS, IF ANY, GI	VING (B)				
RISE TO THE ABOVE O	AUSE (A) STATING	THE				
8		(C)	**********	****************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OTHER SIGNIFICANT COTO THE DEATH BUDISEASE OR CONDITION 19A. DATE OF OPERATION	II ONDITIONS CONT	RIBUTING				
TO THE DEATH BU		TO THE A	cute alcoh	olism		
19A. DATE OF OPERATION	198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	208. IF YES, WERE FINDING	
ZIA. EXTERNAL CAUSE V	/AS	218. PLACE OF INJURY (e.g.,	Yes	VHERE DID	Yes	
UNDERLYING OR CONTI	18-	hame, farm, factory, street, etc.)	office bldg., INJURY	OCCUR?	th in building City, give exc	CI (deditori)
UTING CAUSE OF DEA		21E, INJURY OCCURRED	21F. H	ILNI DID WC	URY OCCUR?	
OF INJURY (APPROX.)	(Suy) (real) (re	WHILE AT NOT	WHILE		S. C.	
22.		m. WORK LATW	LA			
	held an Inquiry				is basis, death in my api	nian
resulted fram:	Natural causes X	Accident Suicid	_		Undetermined manner	
ACTUAL	Brt	sher M.D				DATE SIGNED
SIGNATURE EXAMINER'S			ASSOCIATE M			11-8-65
NAME (Type)		FISHER, M.D.	COSMATORY	220 1	OCATION (City Assets	(6)-4-1
REMOVAL (Specify)	23B. DATE	23C. NAME OF CEMETERY			OCATION (City, town,	ar county) (State)
BURIAL 24A. DATE REC'D BY HEALTH	11/11/65	HOLY REDEEME		AL DIRECTOR	ALTO, MD.	ADDRESS
NOV 9 1965						
1107 9 1909	Ulaber DI E	. Farber Mit	IEONAF	D J. RI	UCK, INC. BALTO	. MD. 21214

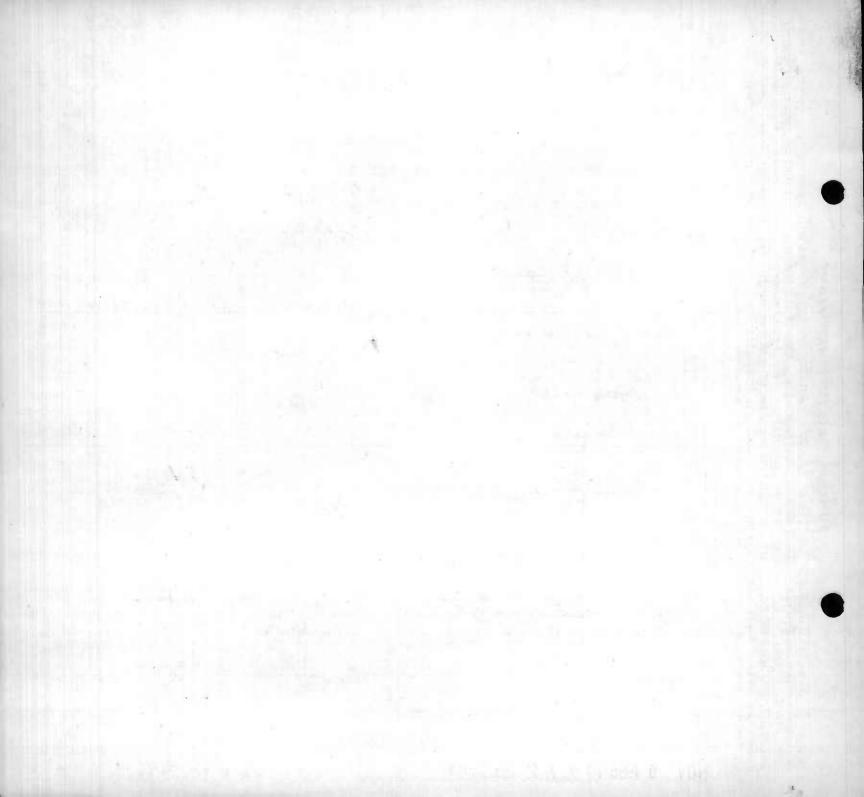
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VS 151-REV. 1/1/65



÷ić.	of death) Deceased nce on the eath. Such	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission. STATE B. COUNTY
a hos	da G	FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	L	16 Lutheran Hospital	D. STREET ADDRESS (If rurol, give location) 2013 - Edmunglyon Aux
occurred	ontributing ermined ca regular at eased prior is made.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married Married	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Ht Months: Doys Hours Min.
eath o	in	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) 140 m	11. BIRTHPLACE (Stole or foleign country) OKALAhomA CITY OKA. U. SA.
if de	(4) U wa the ispos	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
sistan	kind; kind; death nce on inal di	15. Was Deceased Ever in U. S. Armed Foices? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	Joseph Fley 2013 Edmondson Are
IMPORTANI r his assistant	of any of any unced tendar	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DF DEATH INTERVAL BETWEEN ONSET AND DEATH
-	acture o pronou ular att mbalme	(A) (This does not mean the mode of dying, e.g., DUE TO heart foilure, asthenio, etc. 11 means the disease, injury at complication which coused deoth.)	Finentines
Cal examine	examine (3) A fract n who p in regul s are em	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving itse to the abave cause (A) stating the (C) UNDERLYING CONDITION lost.	
	burns; burns; hysicia n was		Diabetes hellitus Pydonephritis
FUNERAL	ody he sici	WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	pital by re; (2) B where the No phy d before	21 & PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	office bidg., INJURY OCCUR?
oved	nature cept de (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED White At Not White At Work At Work	
0	of any of any all (ex th); an be obt	22. I certify that (1) (this hospital) attended the deceosed from that (1) (we) lost sow the decessed alive on ond haur and from the causes stated above. (1) (We) (did) (did not)	ond that in(my) four) opinion death occurred on the de
must be	cident or hospita o death	23A. SIGNATURE	tending Med. Stoff Phys. Director Phys.
	y was related to the prior to approval	23C. PHYSICIAN'S NAME (Type) Lahert (-Blackmon, M.D.	23D. ADDRESS
certificate			

BALTIMORE CITY HEALTH DEPARTMENT



Such

of death

a hospital

			BALTIMORE CITY	HEALTH DEPARTMENT		05 11101
	H NO. 65	11464	CERTIFICA	TE OF DEATH	Registered No.	65 11464
1. N	AME OF DECEASED	GEORGE L. SC	CHNAPPINGER		ND HOUR OF DEATH $1/7/65$	6:55 P. M
	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital or insoddress or locofion) ERSITY HOSPIT	stitution, give street	MARYLAND C. CITY OR TOWN (If or BALTIMORE	utside city limits, write R	
5. 5	EX 6. RA		ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
_		VHITE M	ARRIED	3/27/1890	lost birthdoy) 75	
don	BAKER BATHER'S NAME	life, even if retired)	KIND OF BUSINESS OR INDUSTRY ATIONAL BISQUIT	PENNSYLVANIA 14. MOTHERS MAIDEN NA		U.S.A.
100	GEORGE 1	XX J. SCHNA	PPINGER	EVA SEEBOLI		
15. (Ye	Was Deceased Ever i	n U. S. Armed Forces? s, give wor or dotes of	1 6. SOCIAL	17. INFORMANT	E DECTE	ADDRESS
	NO		UNKNOWN	ANNA E. SCHNA	APPINGER 2103	MAISEL STREET 212
	heart failure, asthe injury or camplicat ANTEC	nan the mode of dyin nia, etc. II means the ian which coused deal CEDENT CAUSES ONDITIONS, if ony, ave couse (A) stati NDITION tast.	disease, h.) (B) DUE TO	sease of the ki	dneys	2 years
ICAL CERTIFICATION	TO THE DEATH DISEASE OR CONE 19A. DATE OF OPER 21A. ACCIDENT W/ OR CONTRIBUTING DEATH (notify medic	WAS PERFORM AS UNDERLYING CAUSE OF col exominer)	ON FOR WHICH OPERATION LED 218. PLACE OF INJURY(e.g., in home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	lo) 208, IF YES, WERE F IN CERTIFYING CAL (If in Boltimore	INDINGS CONSIDERED USES OF DEATH? City, give exact location)
MEDI	OF INJURY (Mon (APPROX.)	th) (Doy) (Year) (Ho	While At Not While Work At Work	21F. HOW DID IN	JURY OCCUR?	
	that (I) (we) lost	sow the deceased all the couses stated a		ending Med. S. Director 23D. ADDRESS	Stoff Phys.	1/7/65 19 Ilon death occurred on the date 238, DATE SIGNED 11/9/65
24/	BURIAL CREMATIC	ON, 248. DATE	LEVICKAS M.D.	1073 MAIDEN (LANE y, town, or county) (Stote)

CEDAR HILL CEMETERY

BALTIMORE,

MARYLAND

NOV 10 1965

25C. FUNERAL DIRECTOR HUBBARD FUNERAL HOME 4107 WILKENS AVE.

VS .150-REV. 1/1/65

ADDRESS

11/10/65

TH DEPARTMENT ERTIFICATE OF DEATH Register	ed No. 65 11465
2, DATE AND HOUR PRONOUNCE	D DEAD
11-8-65	6:22 A M.
4. USUAL RESIDENCE (Whore doceosed lived. If instit A. STATE B. COUNTY OF TOWN (If outside corporate limits, write BALTIMORE D. STREET ADDRESS (If rural, give location) 3406 Washington Blv d 2	Balt
B. DATE OF BIRTH 12/4/1910. 9. AGE (In years last birthday) XXXX 51	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.
Y MARYLAND	WHAT CDUNTRY? U.S.
	2. DATE AND HOUR PRONOUNCE 11-8-65 4. USUAL RESIDENCE (Whore doceosed lived. If instit A. STATE B. COUL Maryland C. CITY OR TOWN (If outside corporate limits, write BALTIMORE D. STREET ADDRESS (If rural, give lacesian) 3406 Washington Blv'd 2. DATE OF BIRTH 12/4/1910 9. AGE (In years list birthday) 11. BIRTHPLACE (State or foreign country) Y MARYLAND

17. INFORMANT

MARIE HEALEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? SECURITY NO. (Yes, no or unknown), (If yes, give war ar dotes of service) 212-05-2471 MRS. MARY B. McKENNA 3405 WASHINGTON BLVD. 2122 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary artery sclerosis DUE TO (This doos not moon the made of dying, e.g., heart failure, asthonio, etc. It means the disease, injury or complication which caused deoth.) Arteriosclerotic heart disease ANTECENDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yos or No) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? 21A, EXTERNAL CAUSE WAS (If in Baltimoro City, give exact lacation) UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Manth) (Day) (Yeor) OF INJURY WHILE AT NOT WHILE (APPROX.) 22. Autopsy I certify that I held an Inquiry Inspection and that an this basis, death in my apinian Hamicide resulted fram: Natural causes X Accident Sulcide Undetermined manner CHIEF MEDICAL EXAMINER X

23C. NAME of CEMETERY or CREMATORY

NEW CATHEDRAL CEMETERY

VS 151-REV. 1/1/65

ACTUAL

23A. BURIAL CREMATION,

REMOVAL (Specify)

SIGNATURE

EXAMINER'S

NAME (Type)

24A. DATE REC'D BY HEALTH DEPT.

JOHN McKENNA

16. SOCIAL

RUSSELL S. FISHER, M.D.

248, NAME OF REGISTRAR

11/10/65

24C. FUNERAL DIRECTOR

M.D. ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

23D. LOCATION

BALTIMORE.

MARYLAND ADDRESS HUBBARD FUNE RAL HOME 4107 WILKENS AVE. 21229

(City, town, ar county)

DATE SIGNED

11-8-65

(Stoto)

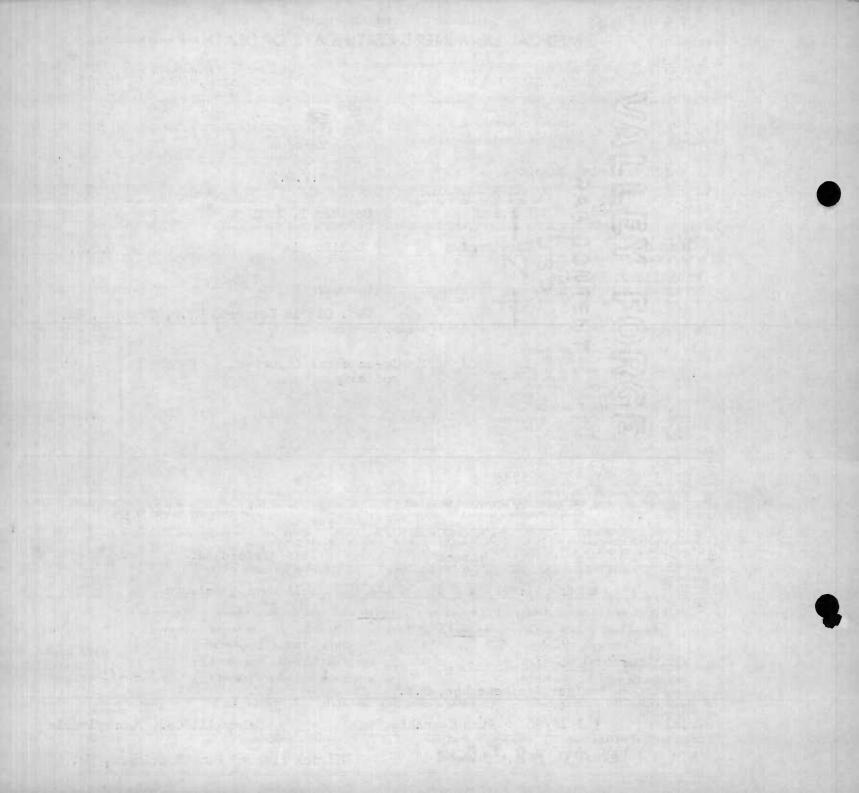
ADDRESS

mile that the strong party to the steers of events event interest a give the line of the WERE THE PERSON OF THE PERSON

65 11466

BIRTH NO.	MED	ICAL E	XAMINER'S C	ERTIFICA	TE OF I	DEATH Registe	ered Na	63 1	1400
M.E. CASE NO.									
1. NAME OF DE (Type or Print)		November 6, 1965 5:15 P							
	NICHOLAS			III HOUSE DESIR					М.
	TIMORE, MARYLAND, W			A. STATE	Pa.	deceosed lived. If ins B. COI	UNTY	ence before	odmis sion
FULL NAME OF	ADDRESS OR LOCA	C. CITY OR 19WN (If outside corporate limits, write RURAL and give township)							
NOITUTITZN		Tamaqua							
TI.e. t a.e.	M	D. STREET ADDRESS (If rurol, give locotion)							
Union	Memorial Hos	R.F.D.2							
5. SEX	6. RACE 7. MARRIED, NEVER M			8. DATE OF BIRT	Н		If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min.		
male	white	Marri		October					irs / Wiln.
IOA, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR II long during most of working life, even if retired)				YIII. BIRTHPLACE	(State or tareig	n country)	12. CITIZE WHAT	N OF T COUNTRY	Y?
Saleman	1	Elect	ronics	California			U.S.A.		
3. FATHER'S NAM	ME	14. MOTHER'S MAIDEN NAME							
Nichola	as J. Levrero				?	Rader			
5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown (If yes, give wor or dates of service) SECURITY NO.				17. INFORMANT ADDRESS					
				Mrs. Gloria Levrero, Rt.2, Tamaqua, Pa.					
110	3.3.	- 2	0.411.6	E OF DEATH	TTa Lev	rero, no.2,		INTERVAL	
DISEASES RISE TO TH UN DERLYI OTHER SIG TO THE DISEASE C	ANTECENDENT CAUS OR CONDITIONS, IF A HE ABOVE CAUSE (A) S NG CONDITION LAST. II SNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSINI F OPERATION 198, COP WAS PEI	CONTRIBUTE	THE	20A. AUTOPSY	? (Yes or No)	208. IF YES, WERE FI			
				yes			yes		
O UNDERLYING	AL CAUSE WAS	hom	PLACE OF INJURY (e.g., e, form, foctory, street,	office bldg., INJUR	Y OCCUR?	(If in Boltimore City, g	ive exact la	cotion)	-
<u>u</u>	USE OF DEATH.	etc.)	street	_		ford Rd.			
Z 21D TIME	(Month) (Doy) (Yea	or) (Hour)	21E. INJURY OCCURRED	21 F. H	OW DID INJU	JRY OCCUR?			
OF INJURY (APPROX.)	11 4 65	11:07£	WHILE AT NOT AT N	while f	ell dur	ing seizure			
	rtify that I held an		InspectionA		d that an th	is basis, death In	my apinian	1	
resu	Ited fram: Natural co	uses	Accident XX Suici	de 🗌 Hamici	ide 🗌 🔠	Undetermined mann	er 🗌		
	1)12			CHIEF M	EDICAL EX	AMINER .		D.4.T.F. (CLICALED
ACTUA		Tiller	war.	ASSISTANT M	EDICAL EX	AMINER X		DATES	IGNED
SIGNAT EXAMII NAME (NER'S	Breiter	necker, M.D.	ASSOCIATE N			11-6-	65	
23A. BURIAL CRI			C. NAME of CEMETERY	or CREMATORY	23 D. L	OCATION (City	, town, or c	ounty)	(State)
REMOVAL (Special	^(y) 11/10/		lush Township	Cem		chuykill Co			nia
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNER	AL DIRECTOR		A	DDRESS	
NOV 1	2 1965 Rober	p.84	Albertal	Ullri	ch Fune:	ral Home Ba	ltimor	e, Md.	

VS 151-REV. 1/1/65



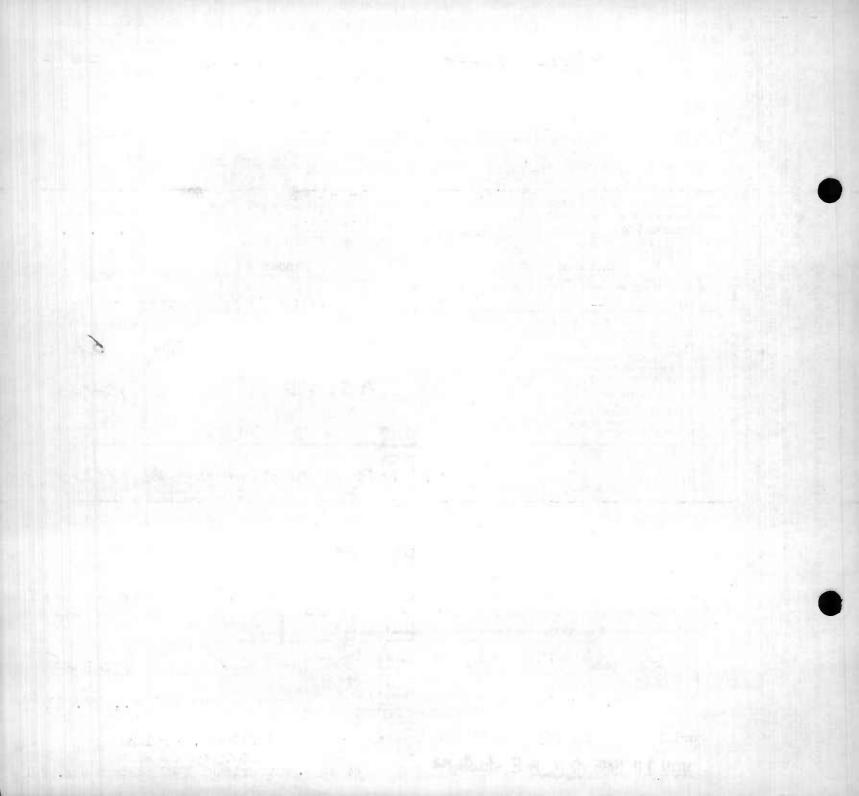
IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

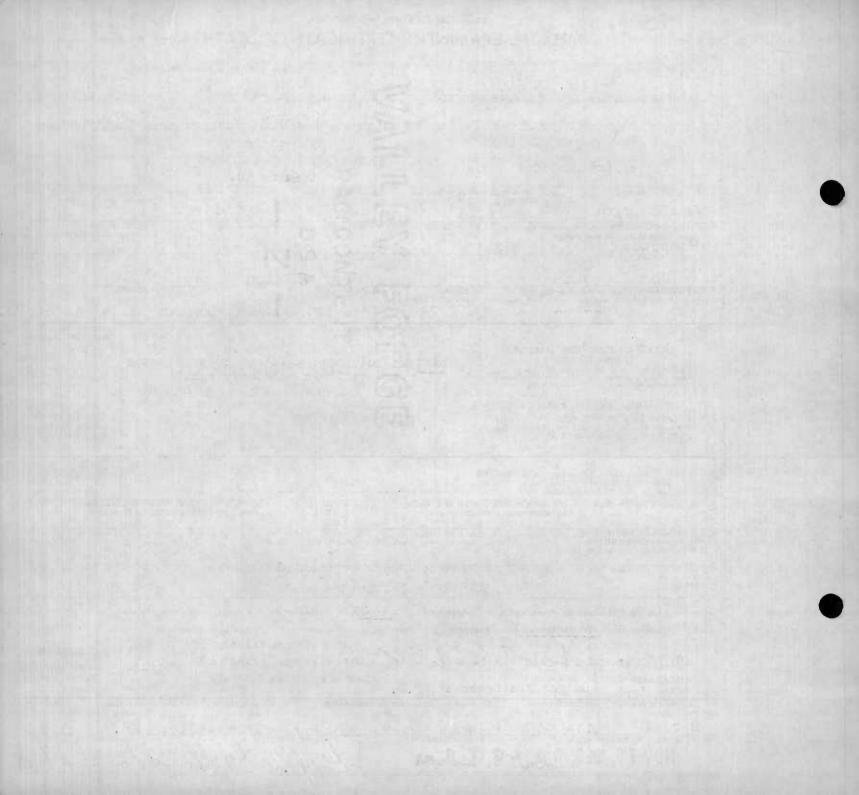




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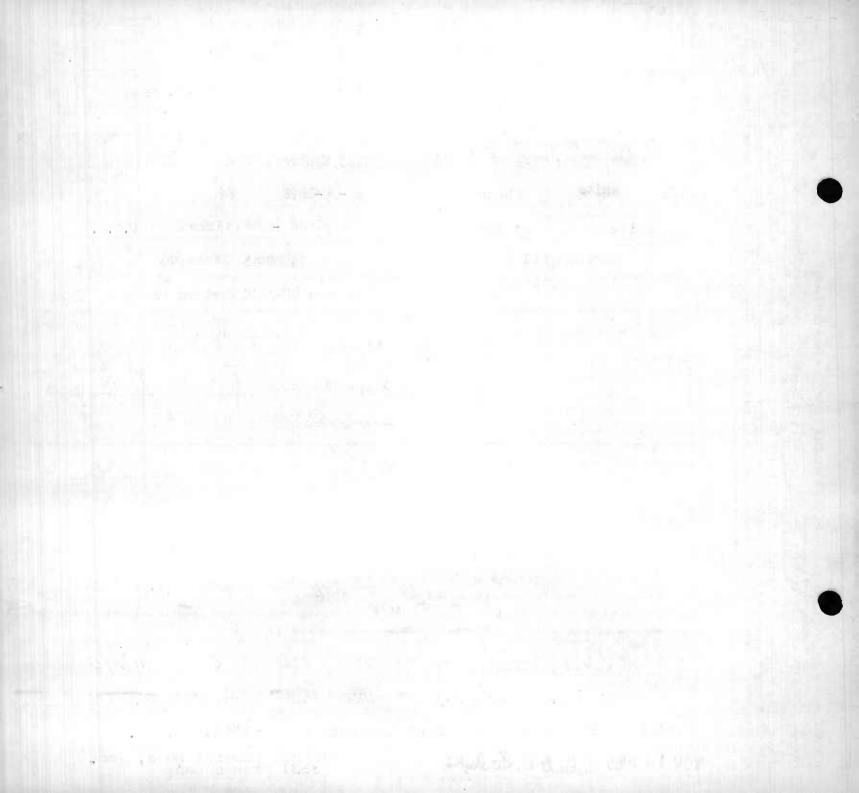
	BIRTH NO.
HIL	M.E. CASE NO.
N)60	1. NAME OF DECEASED

	TH NO.	MEDI	CAL EX	AMINER'S CI	ERTIFICA	TE OF D	EATH Registe	red No	65		463
	E CASE NO.	EASED				2. DATE AND	HOUR PRONOUNC	ED DEAD			
	pe or Print)	MARY E. I	ENMAR				ber 5, 196		_	:50	P
3. 1	LACE IN BALT	IMORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESID		eceosed lived. If inst	itution: res	idence b	pefore oc	mission)
HO	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TO	ryland wn (If outside rkesville	corporote limits, write	Car	rol	lo wnsh	ip)
10	×				D. STREET ADD			EX		1	
0	Uni	versity Hospi	tal			reaker F					
5. 5	female	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT	н 3. 1906	9. AGE (In years lost birthdoy) 58	If Unde Months	Doys	If Under Hours	24 Hrs. Min.
				BUSINESS OR INDUSTRY	11. BIRTHPLACE				EN OF	NTPV?	
don	House	vorking life, even if retired) IOPK	Hom	e	Mai	ryland		US		WIKI:	
13.	FATHER'S NAM	\E			14. MOTHER'S M	AIDEN NAME					
		m Nugent				Wilkins					
		D EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRES			
	No			212 22 367	1 Mr	. Dougl	as Denmar	· Sy	kes	vil	Le, N
	1B.	2.11		CAUSE	OF DEATH					VAL BE	
	DISEA	SE OR CONDITION DI		A to to	1				300		
	(This does	not mean the made of	dying e.g.,				ascular dis ary embo l i	sease		*********	
	injury or co	osthenio, etc. It meons mplication which coused	deoth.)	un	a marcipi	c parmon	ary amborr				
		NTECENDENT CAUSE	2	4.00							
		OR CONDITIONS, IF A		DUE TO	***************************************	****************				**********	
_	UNDERLYIN	NG CONDITION LAST.		(C)							
Ó		ll l									
CERTIFICATION		NIFICANT CONDITIONS DEATH BUT NOT RE							1		
RTIF	DISEASE O	R CONDITION CAUSING		WHICH OPERATION	20A AUTOPS	(? (Yes or No)	OB. IF YES, WERE FII	NDINGS (ONSIDI	FRED.	
CE	2	WAS PER		THE TEXALION	Yes		N CERTIFYING CAUS	SES OF D			
EDICAL	UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home, etc.)	PLACE OF INJURY (e.g., form, fectory, street, o	in or obout 21C.	WHERE DID (I	ye f in Boltimore City, gi		ocotion)		
Z	21D TIME	(Month) (Doy) (Year	Hour) 2	E. INJURY OCCURRED	21 F. H	OW DID INJU	RY OCCUR?				
	OF INJURY (APPROX.)		m. V	VHILE AT NOT	WHILE ORK						
	22.	tify that I held on I	nquiry 🗌	Inspection Aut	apsyX an	d that an this	basis, death In n	ny apinio	n		
	resul	ted fram: Natural ca	uses X A	coldent Sulcid	e Hamic	ide 🗌 U	ndetermined mann	er 🗌			
		DIA	+	- 1	CHIEF	EDICAL EX	AMINER _		DAT	r E SIG	NED
	SIGNAT		rele	wellen	ASSISTANT M	EDICAL EX	AMINER X	11-6-		1 5 310	MED
	EXAMIN NAME (IER'S Daniel	Breite	necker, M.D.	ASSOCIATE A	MEDICAL EX	AMINER .	11-0-			
	MOVAL (Specif		230	C. NAME of CEMETERY o	CREMATORY	23 D. LO	CATION (City,	, town, or	county)	(:	Stole)
	Burial	11-9-	65	White Rock	Cemete	ry Sy	kesville.	Mo			
24		BY HEALTH DEPT.		OF REGISTRAR	24C, FUNE	AL DIRECTOR	11 . 01	0 1	ADDRES	SAA	
	NOV	1 0 1965 0	0 20	Jul. 11. 11. 11.	YIAN	W. YI	KlALALIT	. K.L	mil	Va	YVA



BALTIMORE CITY HEALTH DEPARTMENT

V\$ 150-REV. 1/1/65



	OF A	4 4779	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO.	65 1	1472	CERTIFICA	TE OF DEATH	Registered No	65 11472
I, NAME OF DEC			20	2. DATE	AND HOUR OF DEAT	TH .
Type or Print)	ELMA G	. MEINE	RS		8, 1965	8:08 a.
FULL NAME CHOSPITAL OR	OF (If not in hospitol oddress or location	or institution, give	street	Md., 2120	05	institution: residence before odmis
0	Gould Nurs	ing Hom	e	Baltimore D. STREET ADDRESS		
				524 N. H	ighland Av	e.
female	6. RACE	Wldow	ed (specify)	8. DATE OF BIRTH 7/17/1887	9. AGE (In years lost birthdoy) 78	If Under 1 Yr. II Under 24 Months Doys Hours Mi
	working life, even if retired)	at hom		11. BIRTHPLACE (Stote or for Baltime	oreign country) ore, Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	illiam A. L	illy		14. MOTHER'S MAIDEN N	a LeBrun	
	Ever in U. S. Armed For	s of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		215	-05-8842	Rebecca Me:	iners, dgh	it. above
DISEASES OF THE SIGNITOR OF THE DISEASES OF TH	ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) GONDITION last. II FICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING I	any, giving stoting the ONTRIBUTING	(C)	Mone Vone		
		DITION FOR WH	ONL	20A. AUTOPSY? (Yes or	No. 20 B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
O DEATH (notify	NT WAS UNDERLYING DING CAUSE OF	home,	form, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	None (II in Boltim	note City, give exact location)
OF INJURY (APPROX.)	(Month) (Doy) (Year)		AI Noi Wh	21F. HOW DID I	NOWL	
that (I) (we)	last saw the decease	d olive on	Dovember		that in (my) (plnion death occurred on the
23A. SIGNATU	Thanks of	Quny	M.D. At	tending Med. Director	Stolf Phys.	23B, DATE SIGNED 11/9/65
NAME (T	Dr. Charles	s P. Cri			nument St.	
REMOVAL (Buria)	Specify)		e of CEMETERY of CI		altimore,	(City, town, or county) (Sto
SA. DATE REC'D	0 1965 P.O.	6 E Ta		Schimunek 3331 Bre	or Funeral Ho hms Lane	ome, Inc.

VS 150-REV. 1/1/65

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A CALL STATE OF STATE

43-13-12 NTW	1	5-348	5 65 1	1473		Y HEALTH DEPARTM	1	05 44473
	c	TH NO. E. CASE NO.			CERTIFICA	TE OF DEA		
		Pe or Print)	SEDL	MAYER, M	ary	2. D	11/8/65	5:35 A. M.
<u>s</u> 0	50	PLACE OF DEATH IF	(th not in hospital	or institution, gi	ve street	4. USUAL RESIDENCE A. STATE BARYLAND	. COUNTY	f institution: residence before odmission)
cat cat	•	HOSPITAL OR INSTITUTION	BALTIMORE 4940 EAST	CITY HO		BALTIMOR D. STREET ADDRESS	E	te RURAL and give township)
ed :: d ca	e.		BALTIMORE			8017 Sho	re Road	
r 3 0 8	s mad	Female 6. RA	White	WIDOWED	NEVER MARRIED DIVORCED (specify)	8/16/86	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
古一	0 10/	ne during most of warking		108. KIND OF	BUSINESS OR INDUSTRY	Ball	md.	12. CITIZEN OF WHAT COUNTRY?
	spo	Liong	e Ha	bert	am	Carol	ine doe	chuck
- 0 - 0		Was Deceased Ever s, no or unknown filf ye	in U. S. Armed Fores, give wor or dote	s of service	6. SOCIAL SECURITY NO.	BCH: 4940	ECORDS Eastern Avenu	ADDRESS 10 - 21224
s as any ced	d or	18.433.	01	F.C.T. V	CAUSE	DE DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
IMI or hi Also	atte med		CONDITION DIR		(A) DUE TO	CARDI	AC HRRE	57 70 min
	bai	heart failure, asthe	nia, elc. It means	the disease,	50110	AC	cicn	10
TOR: aminer. Afractu	regul re em		CEDENT CAUSES		(B)	// 00		709
(3) × (5)	u S	DISEASES OR C rise to the ob UNDERLYING CO	ave cause (A)		(C)		***************************************	
medinedic nedic burn shysid		OTHER SIGNIFICANTO THE DEATH	II NT CONDITIONS C BUT NOT RELA DITION CAUSING I	TED TO THE		NONES		
	1 4 S	19A. DATE OF OPER		DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Y.	es or No. 208, IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
FL the ral by y, (2)	SAL Sef	OR CONTRIBUTING DEATH (notify medic	AS UNDERLYING CAUSE OF	21B. F home etc.)	LACE OF INJURY (e.g., , lorm, foctory, street, c	in or obout 21 C. WHERE	DID (II in Boltin	nore City, give exact location)
ed be	MED MED	21D. TIME (Mor OF INJURY (APPROX.)	nth) (Doy) (Yeor)		NJURY OCCURRED At Work	le [m]	DID INJURY OCCUR?	
THE X	obtai				deceosed from O.C.		1965 ta	
of of o	th)	and hour and from			(We) (did) (did not)	19		opinion death occurred on the date
ust b ease ident	deat must	23A. SIGNATURE	1	0/1			To Leave-	23 B. DATE SIGNED
rele o ho	\$ -	23C. PHYSICIAN'S	L 7.11	loance	M.D. Att	ys. Med. Directo	or Phys.	11/8/65
An at	Aouddb 24	NAME (Type) Clayt	on L. Mora	vec	M.D.		ern Avenue, Ba	ltimore, Md. 21224
certificat sody was rs: (1) An D.O.A. at	0.4	A. BURIAL CREMATIC	ON, 24B. DATE		ME of CEMETERY OF CR	EMATORY	24D. LOCATION	(City, town, or county) (Stote)
	Deceased because of the property of the proper	Burial A. DATE REC'D BY H	EALTH DEPT.	25B. NAME OF	REGISTRAR	25C, FUNERAL DI	Salte.	Co. Md.
This the b	g ≯	NOV 10 19	65 P.O. F	2 Fall	Lus	Connelle	1 300 ma	ce ave, Bello. 21
	VS	150 PEV 1/1/65	-			1		



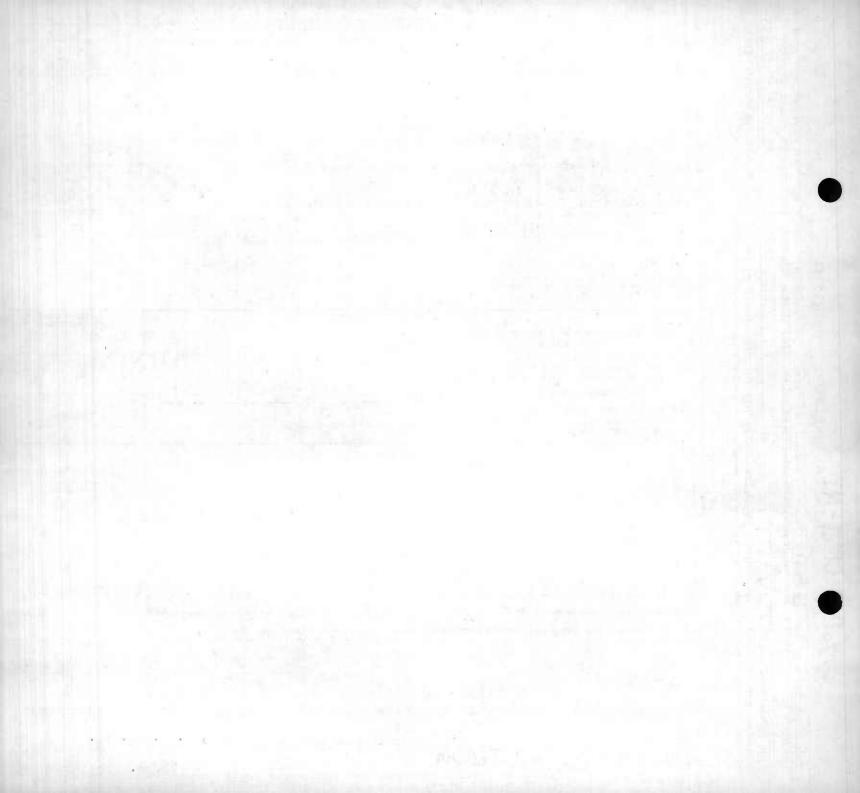
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and of death Deceased

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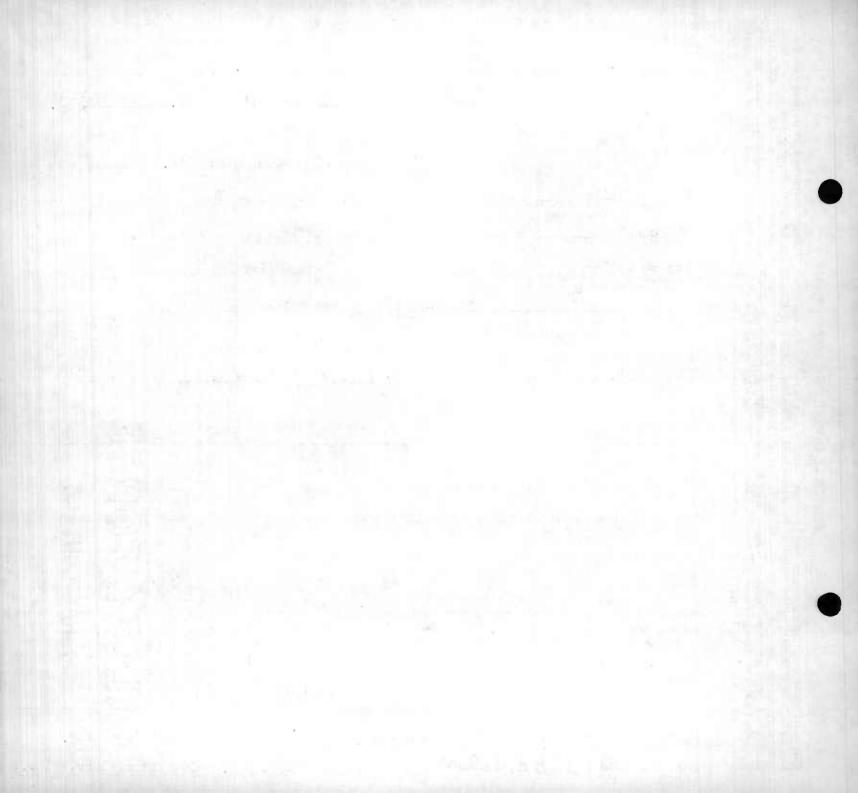
BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH the M.E. CASE NO. I. NAME OF DECEASED 2.)DATE AND HOUR OF DEATH (Type or Print) LARENCE Jovenber 8, 1965 WILMER 0 death. 3. PLACE OF DEATH IN BALTIMORE, MARY 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission MARYLAND CITY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give towyship) INSTITUTION CHARLES GENERAL HOSPITAL BALTIMORE (If rural, give location) BELT ST. 9. AGE (In years 5. SEX 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Under Months Doys Hours If Under 24 Hrs. WIDQWED, DIVORCED (specify) lost birthdoy AMERICAN MALE MARRIED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? RETIRED VIRGINIA Stationary Engineer 4.5.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HOLMES 1ACOB ANNIE HOLMES 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) HOSPITAL RECORD SECURITY NO. Yes Spanish American 2/2079712 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injuty of camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIF OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) MEDIC (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from lovenber 8 1965 and that in(my) (apinian deoth occurred on the date that (1) (wa) last saw the deceased alive an. and haur ond fram the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A, SIGNATURE 23 B. DATE SIGNED Attending [Med. Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY deceased 24D. LOCATION (City, town, or county) REMOVAL (Specify) 12 1965 Cedar Hill Brooklyn, A. A. Co. Md. 258. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS

Mc Cully 130 E. Fort Av VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

	D = 4 - 6	177	CITY HEALTH DEPARTMENT		65 11475
BIRTH NO. M.E. CASE NO	65 114	CERTIFIC	CATE OF DEATH	Registered Na	00 11110
I. NAME OF	DECEASED		2. DATE	AND HOUR OF DEATH	1
Type or Print)	BENJAMIN GALLE	TR	7	Nov. 8. 1965	
PLACE OF	DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If	institution: residence before odm
				MARYLA	
HOSPITAL (OR oddress or tocotion	or institution, give street	C. CITY OR TOWN	V0 + D & 3 D 0 0 0 1 0 0	RURAL ond give township)
INSTITUTION					CORAL ONG GIVE TOWNSHIP!
UN	ION MEMORIAL HO	DSPITAL	D. STREET ADDRESS		77)
7					
/				h Raven Blvd	
. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours
M	White	Married	9/1/1890	75	
		108, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or f	oreign country)	12, CITIZEN OF WHAT COUNTRY?
	t of working tife, even if retired)	The state of the s			WHAT COUNTRY
3. FATHER'S	chant		Russia 14. MOTHER'S MAIDEN N	N A A A F	
			The state of the s		
	eh Galler		Chava Gal	ler	
5. Was Deceo	sed Ever in U. S. Armed For	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	7				
18. //	2010/10/10	219_32_1756	Nat Mille E OF DEATH	r	INTERVAL BETWEE
40	(0,1 CH 066	/ X			ONSET AND DEAT
DIS	EASE OR CONDITION DIF	KECILT	My ocarshed inf acterior clearter h	- F	sull
(This doe	s not mean the mode of	dying, e.g., DUF TO	injudicional my	and obe.	
heart failu	re, osthenio, etc. It meons	the disease,	nf. 11	11	
injury or	camplication which caused	dealn.)	le leccor dester h	exit obser	
	ANTECEDENT CAUSES	DUE TO			
	OR CONDITIONS, if				
	The above couse (A)	stating The (C)			0.00 mmma
Z OTHER SI	II GNIFICANT CONDITIONS C	CONTRIBUTING TO	ter mellity		
E TO THE	DEATH BUT NOT RELA	ATED TO THE / care	us mich hy		
	OF OPERATION 198. CON	IDITION FOR WHICH OPERATION	20A. AUTOPSYZ (Yes or	No. 208. IF YES. WER	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE	WAS PER		No	IN CERTIFYING C	AUSES OF DEATH?
U ZTA, ACC	DENT WAS UNDERLYING	218 PLACE OF INJURY (e	.g., in or obout 21C. WHERE DID	(If in Boltime	ore City, give exoct locotion)
OR CONT	RIBUTING CAUSE OF offify medical examiner	home, form, foctory, street	t, office bldg., INJURY OCCUR		
U					
OF INJURY				INJURY OCCUR?	
(APPROX)		While At Work At V	While Vork		/
22 1 2004	ify that (1) (this hasnied	I) attended the deceased fram		1961 to	196
		A + 11	1.1		
	we) last saw the decease				olnian death occurred on th
	O A - A -	ted abave. (1) (We) (did) (did no	view the bady after deat	h. Medical Gu	nine natified
23A. SIGN	AVURE)				23B. DATE SIGNED
(repent 1	lun M.D.	Attending A Med. Phys. Director	Stoff Phys.	19/15
23 C. PHYSI	CIANS	111	23D. ADDRESS	1 1 1	11/
		- 1	1.1. 111	V . 11/Y +	
	E (TYPE) +	7 /2200	AD // VVI	1 / 1	B St. W.
	B. bet	/ ~ 1	1.D. 114 8/1ee	leaf Us	Baltinia Mo
24A. BURIAL (24C. NAME OF CEMETERY OF	CREMATORY 24D	LOCATION (Baltinois Mo
REMOVA	CREMATION, 248 DATE	24C. NAME of CEMETERY OF	CREMATORY Blvd.		
REMOVA	CREMATION, 248 DATE	/ ~ 1	CREMATORY Blvd.		Balturi Mo Oity, town, or county) (S attifiore Cong. ADDRESS
REMOVA	CREMATION, 24B. DATE L (Specify) CD BY HEALTH DEPT.	24C. NAME of CEMETERY of United Hebrew 25B. NAME OF REGISTRAR	CREMATORY Blvd. Com. Washington 25C. FUNERAL DIRECT	Moses Mor	ntifiore Cong. ADDRESS
REMOVA	CREMATION, 248 DATE	24C. NAME of CEMETERY of	CREMATORY Blvd.	Moses Mor	ntifiore Cong.



prior at Was

24A. BURIAL CREMATION,

VS 150-REV. 1/1/65

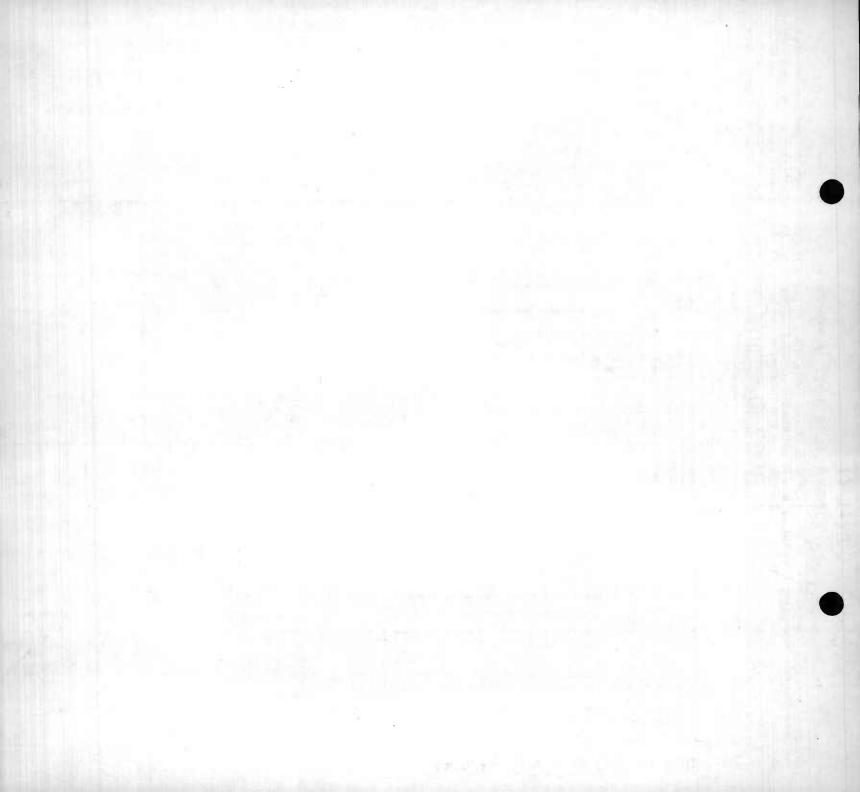
REMOVAL (Specify)

24B, DATE

If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? USA NTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exact lacation) ...and that Ir(my) (our) opinion death accurred an the date 23B. DATE SIGNED 1016 Samt 24C NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, or caunty)

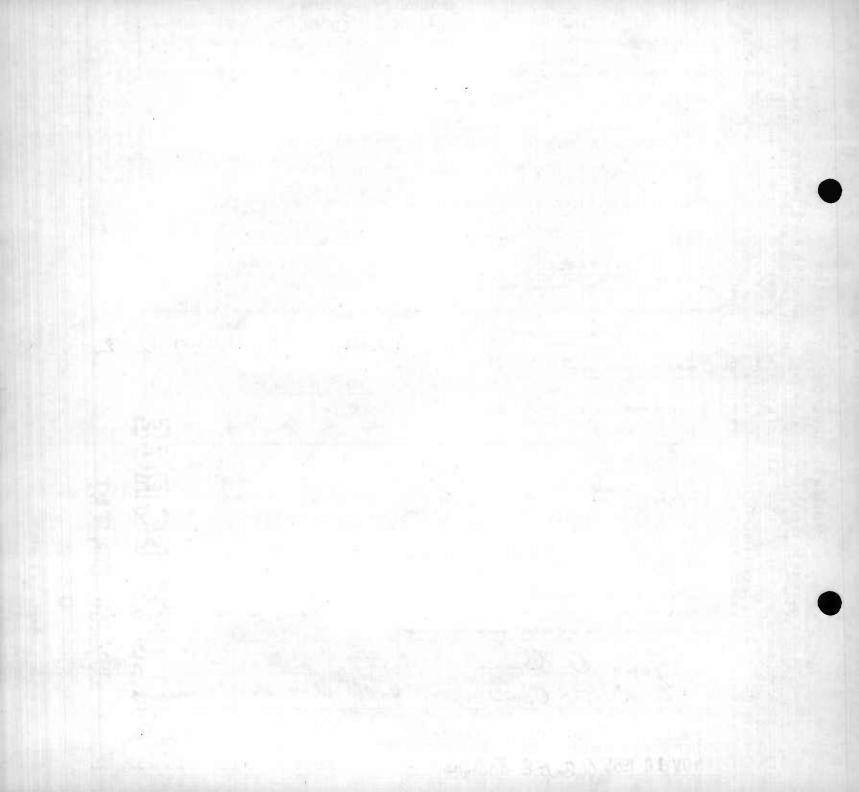
VS 150-REV. 1/1/65

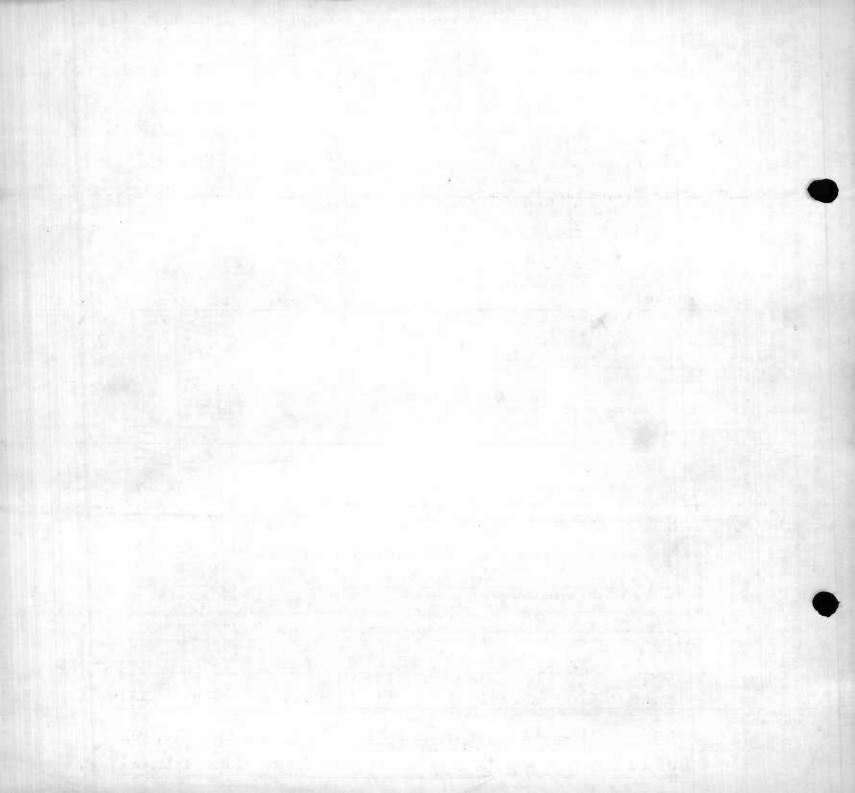
MRTH NO. M.E. CASE NO. I.NAME OF DECEASED	CERTIFICAT	TE OF DEATH	Registered Na.	bo illar
Type or Print) BENJAMIN FRAN	KLIN CLINE	E NOV.	8,1465 11.	50 PM
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution) FRANKLIN SQUARE HOSP	tion, give street	C. CITY OR TOWN (If outs BALTIMOR E D. STREET ADDRESS (If r	side city limits, write	RURAL and give township)
		47 TALBOTS	AGE (In veors	If Under 1 Yr. If Under 24 Hr
MID WID	ARRIED (specify)	duly 4, 1899	ost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108, KIN lone during most of working lite, even it retired) A OF her ger O. Co. 3. FATHERS NAME		MICHIGA MOTHERS MAIDEN NAM	v	12. CITIZEN OF WHAT COUNTRY?
UNKNOWN		1) NKNOO		
5. Was Deceased Ever in U. S. Armed Forces? fes,no or unknown)(III yes, give war or dates of ser	1 6. SOCIAL 11	17. INFORMANT		ADDRESS
Mass give war or dotes at ser	security No.	family		Some
DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH RDIAC FAIL	UPE	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, if ony, grise to the above cause (A) stoting UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING OF THE	TERIOSCIEROTIC	HEART DIS	745E
U 104 DATE OF OPERATION TOR CONDITION	EOR WHICH OPERATION	1204 ALITOPEYZ (Yes or No.	208 IE VES WERE	EINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, officetc.)	or obout 21 C. WHERE DID	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? e City, give exact location)
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, officetc.)	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimo	USES OF DEATH?
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, officetc.) 21E. INJURY OCCURRED While At Not While Work ded the deceased from Accuracy Accura	or obout 21°C. WHERE DID ce bldg., INJURY OCCUR? 21°F. HOW DID INJU	IN CERTIFYING CA	USES OF DEATH?
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner) 21D. TIME (Month) (Day) (Year) (Hour) (APPROX.) 22. I certify that (this hospital) attention that (1) (wo last saw the deceased alive	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, officetc.) 21E. INJURY OCCURRED While At Not While Work ded the deceased from Accuracy Accura	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR? 21 F. HOW DID INJU 10 0 2 1 1 19 6 5 and the ew the bady after death.	IN CERTIFYING CA	e City, give exact location)
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19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that M (this hospital) attended that (1) (year) last saw the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE Mulfield M. Redismit 23C. PHYSIC/AN'S NAME (Type)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, officetc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased from	or about 21C. WHERE DID ce bidg., INJURY OCCUR? 21F. HOW DID INJURY 21	IN CERTIFYING CA	e City, give exact location) OV. 1965 Inian death accurred an the da



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+ + 0	<u>-</u> 3.	PLACE OF DEA	TH IN BALTIMORE, MA		THE STATE	4. USUAL RESIDENCE	(Where deceased lived. If	965 3:35 A M. institution: residence before admission)
hosp (5)	9	FULL NAME O	F (If not in hospital oddress or location		give street	MARYLAND		RURAL and give township)
cau se;	2	INSTITUTION	MARYLAND O	LENERA	AL HOSPITAL			
in in	5 4						(If rurol, give location)	
portire d	<u> </u>					+	MIRAL BOULE	EVARD.
Ccurring mine	700 "	MALG	6. RACE WHITE	WIDOWED	NEVER MARRIED D, DIVORCED (specify) MARRIED	10/27/93	9. AGE (In years lost birthdoy) 72	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
000			JPATION (Give kind of work working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
oat inde			PRKER - LABOR	R		0/10		U 514.
P = 5		FATHER'S NAM				14. MOTHER'S MAIDEN	NAME	
F : 52,	÷ ë	JOHN	WARDESKA.			MAY C	HLL.	
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R:	bal	heart lailure,	osthenio, etc. Il means	the diseose,	201.10			
OR	3 E		plicalian which caused ANTECEDENT CAUSES		(B)			
CT Land	- 0 e		R CONDITIONS, il		DUE TO			
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NER chief	ysicic b the	19 A. DATE OF	OPERATION 19B. CON 19/6/61 WAS PER	DITION FOR Y	WHICH OPERATION (2	A J 20 A. AUTOPSY? (Yes	or No. 208. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
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Ved hou		(APPROX)	-	Whi	le AI NoI Whil	е		
- Se y	and	22. I certify	that (this haspital) attended ti	he deceased fram	10/10/65	19ta/	10/28 1965
app to the far			last saw the decease		10/28	19 6 1 ar	nd that in (na) (aur) as	pinian death accurred an the date
0 0	eath)				(We) (did) (did ot) v	lew the body after de	ath.	
ust b gase	dear	23A. SIGNATY		- 0				23B. DATE SIGNED
nust leas ride	- 0 -	Ja	ain Od	100	M.D. Atte	ending Med.	Stoff Phys.	Oct. 28,1965
0 0 0	- N	23 C. PHYSICIA	N'S			23D. ADDRESS		
An An	d prior	LOG) LSE)	M.D.	MD. GEN'L	HOSP. BAL	o, mi).
# 16	D D 24	A. BURIAL CREA	MATION, 24B, DATE	24C. N	AME of CEMETERY of CRI	EMATORY 24	4D. LOCATION	City, town, or county) (Stote)
certificat body was ws: (1) An	e s c	Burial (S	10-30-	65 .	Oak Lawn		Baltimore Co.	. Md.
, - S ,	written 525		BY HEALTH DEPT.	25B, NAME C		25C. FUNERAL DIRE		ADDRESS
This the k	ĕ d ×	NOV 10	1965 A. O. B	2. Fa.	040	Ullrich Fu	meral Home Du	mdalk, Md.
	VS	150-REV. 1/1/6		LC, NOA	J'4			

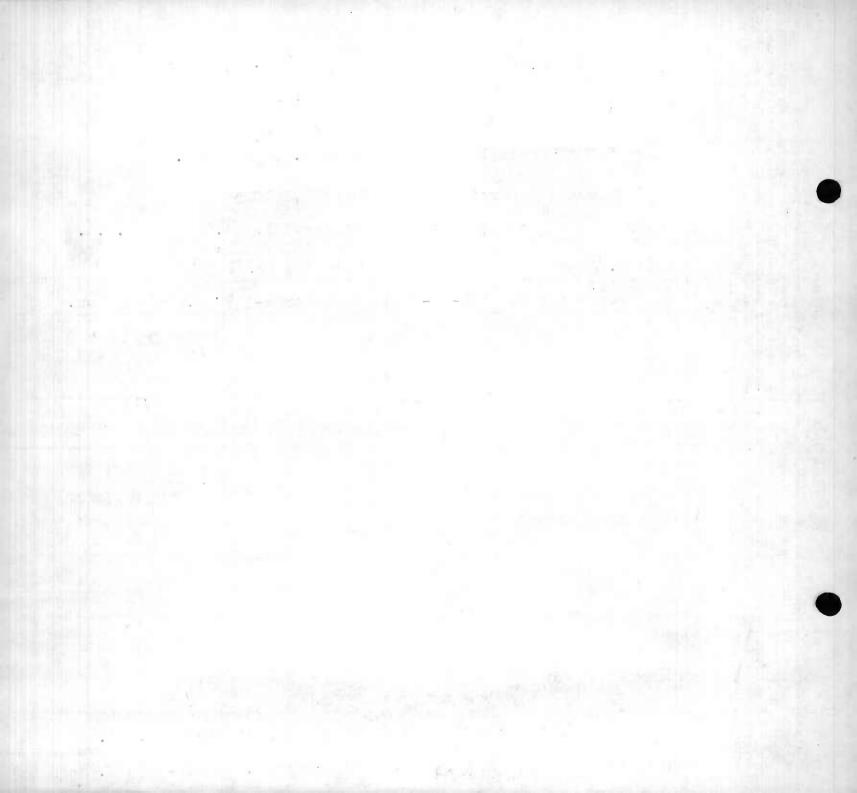




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DIRECTOR:

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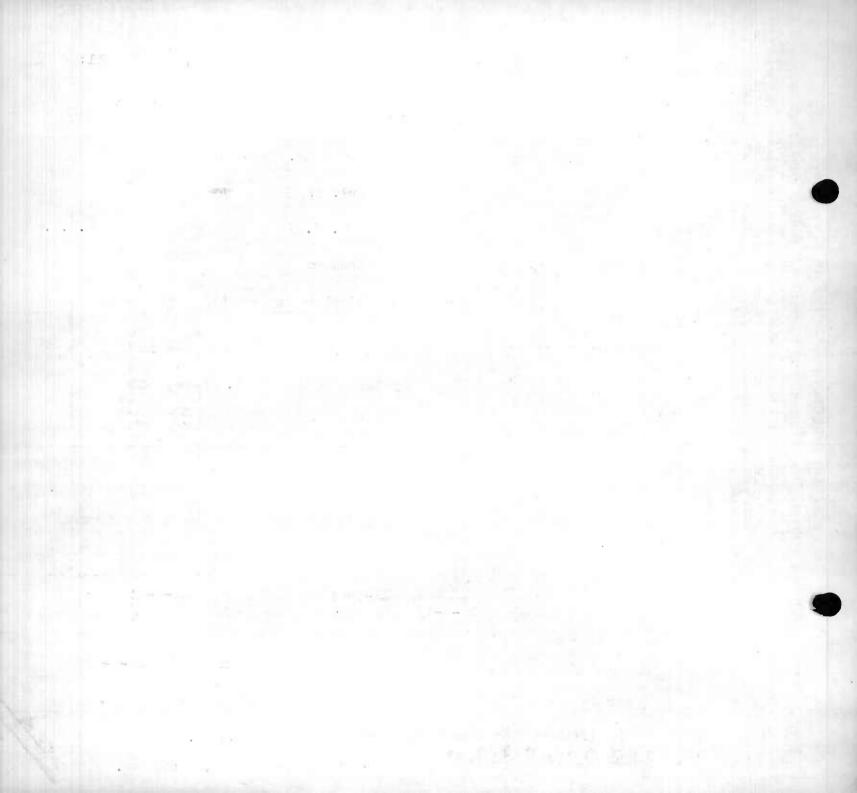


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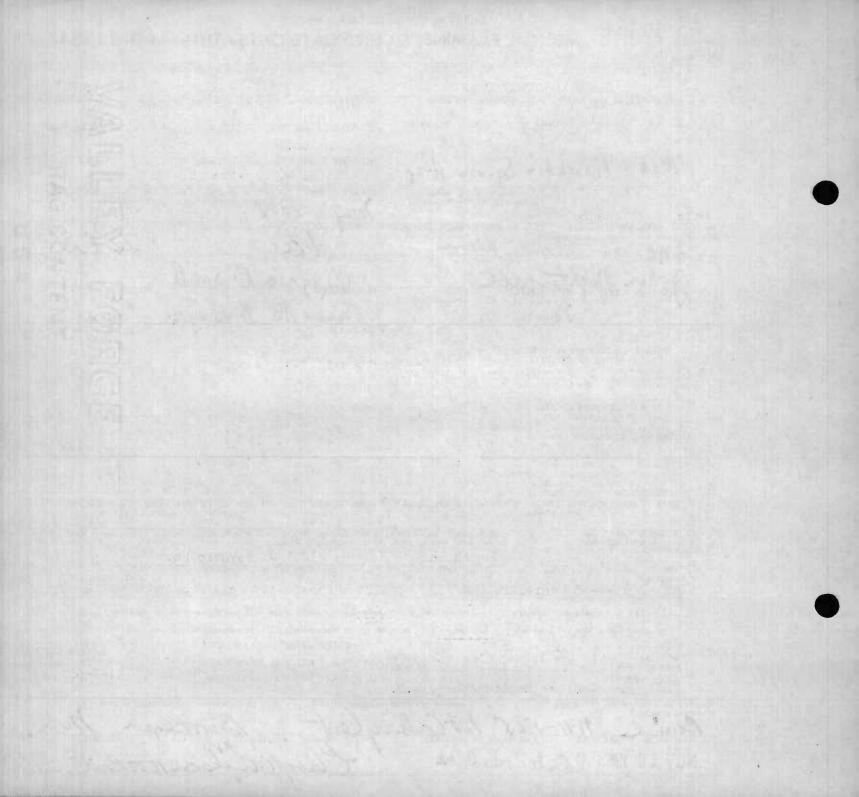
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65 11484 BIRTH NO.

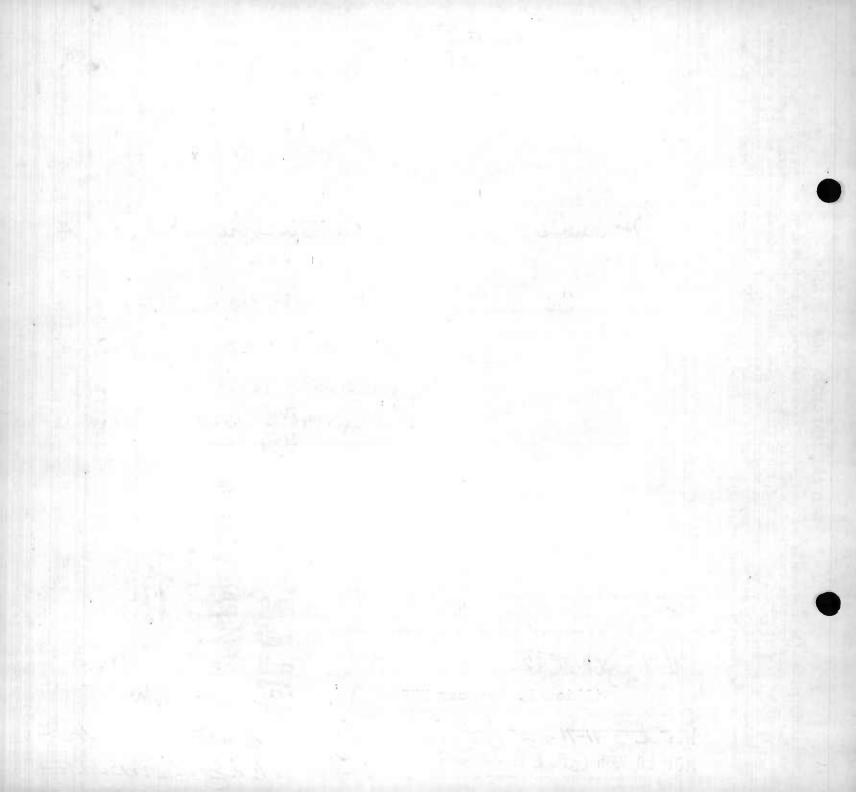
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Register 6. 11484

M.	E CASE NO.			
1. (Tv	NAME OF DECEASED pe or Print)		2. DATE AND HOUR PRONOUN	CED DEAD
,	GRAFTON NIGHTINGALE		11-6-65	7:10 P M.
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESID	ENCE (Where deceased lived, If ins	stitution: residence before odmission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md		
INS	STITUTION	Balt	to.	1 1 - 1 2
	D.O.A - Franklin Square Hosp.		RESS (If rural, give location)	
	N.O.W. ILANKTIN SONALE Hosp.	108	l W. Fayette St.	
5. 5		B. DATE OF BIRT		If Under 1 Yr. If Under 24 Hrs.
	nale negro	moun	1907 lost birthdoy) 58	Months Doys Hours Min.
	1216 negro USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF
don	e during most of working lite, even if retired)	/	1111	WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S M	AIDEN NAME	M. S.A.
	John Nighterrall	MAG	gaie E. Smith	
15. (Ye	WAS DECEASED EVER IN U.S. ARMED PORCES? s, no or unknown (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ROTUE 2
	No	JEAN	ette Nightingala	MLEN Bernie
	18. TO Q O O O CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY			ONSET AND BEATH
	LEADING TO DEATH (A) Cranio	-cerebral	injuries	
	(This does not mean the mode of dying, e.g., heart foilure, as thenou, etc., It means the disease, injury or complication which caused death.)			
	ANTECENDENT CAUSES			
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO			
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
Z	(C)			
Ĭ				
S	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
E	DISEASE OR CONDITION CAUSING IT.			
CERTIFICATION	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	Ye:	? (Yes or No) 208. IF YES, WERE FIN CERTIFYING CAU	
1	21A. EXTERNAL CAUSE WAS UNDERLYING 受政R CONTRIB- 218. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or obout 21C. V		give exact location)
EDICA	UTING CAUSE OF DEATH.		081 W. Fayette St.	18-02
ĮΣ	21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED		OW DID INJURY OCCUR?	
	OF INJURY	WHILE	awantler fall from	the laundry
	22.	4757		roof while getting
			d that an this basis, death in	
	resulted from: Natural causes Accident X Suicide			ner
	ACTUAL MOTOGRAPHY		EDICAL EXAMINER E	DATE SIGNED
	EXAMINER'S Prodices Produced A P		EDICAL EXAMINER	11-7-65
22.4	NAME (Type) Rudiger Breitenecker, M.D. Burial Cremation, 123B. Date 123C. Name of CEMETERY of	CDEALATON	22D LOCATION (C)	ly, town, or county) (Stote)
REA	MOVAL (Specify)	CKEMATORY	23D. LOCATION (Cit	ty, town, or county) (Stote)
	Bunal 11-11-1960 Mt Caha	4 Cont	Broke	get the
24/	A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS
	NOV 10 1965 Robert E. Farleymen	Ch	oul Wilson	1000 Brandale
VS	151-REV. 1/1/65 A /		1	1



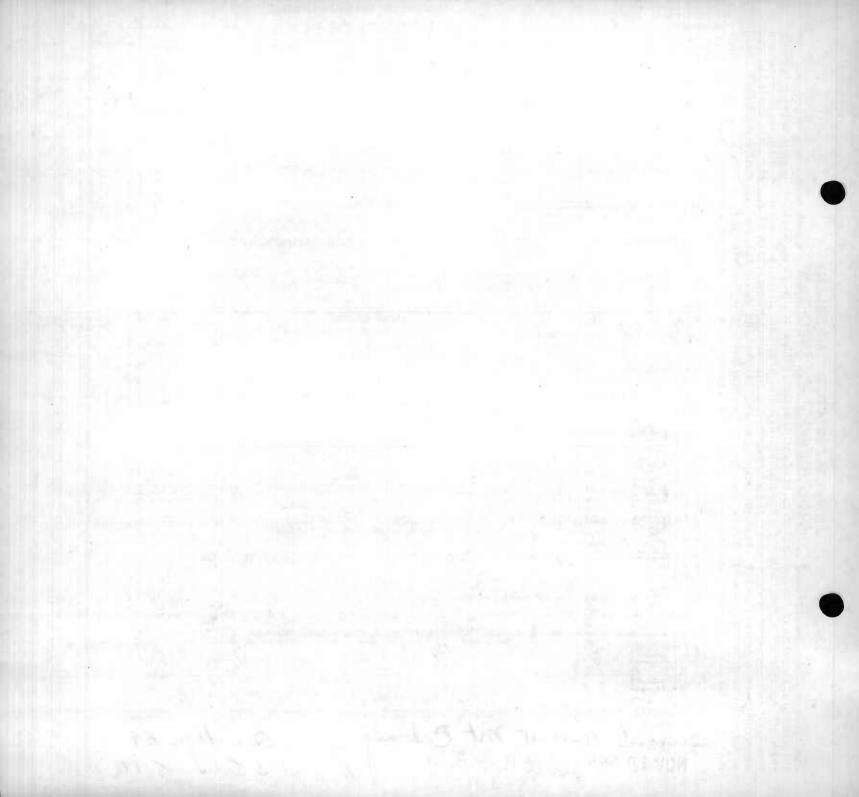
IMPORTANT

FUNERAL DIRECTOR:



FUNERAL DIRECTOR: IMPORTANT

	DECEASED					Н
(Type ar Print)	TENSON GA				3,1965 (
3. PLACE OF	DEATH IN BALTIMOR			4. USUAL RESIDENCE (When	e deceased lived, If TY	institution; residence
FULL NAM	AF OF (If not in he	ospital or institution,	nive street	Md.		20-
HOSPITAL	OR oddress or		give silver	C. CITY OR TOWN (If out	side city limits, wnt	e RURAL and give to
11131110110				Bacto. D. STREET ADDRESS (IF		
,		1-00		D. STREET ADDRESS (If	rurol, give location)	4-3
UNI	ensity /	703/2.		238 N. Fult	on Ave.	. 25
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months: Doys
m	600	m		5/17/99	66	
			BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COU
done darring mo	st of working lite, even if r 			md.		USA
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME	1000/1
-1/.	- 11	/		n = = 1/ p.		
	= Hense ased Ever in U. S. Am		1 6. SOCIAL	MARTHE BI	·	ADDRES
Yes, no or unk	nown) (If yes, give war	or dates of service)	SECURITY NO.	1		7001
ei N/40 "				Hildr Co	02/2	
18. 4				OF DEATH		INTERVA ONSET A
DI	SEASE OR CONDITION		-	Andiac Anne.	+	10/3//05
(This do			(A) C	ARAIN ITRINE		10/31/65
	es not mean the mo	ide of dvina ea	DUE TO			
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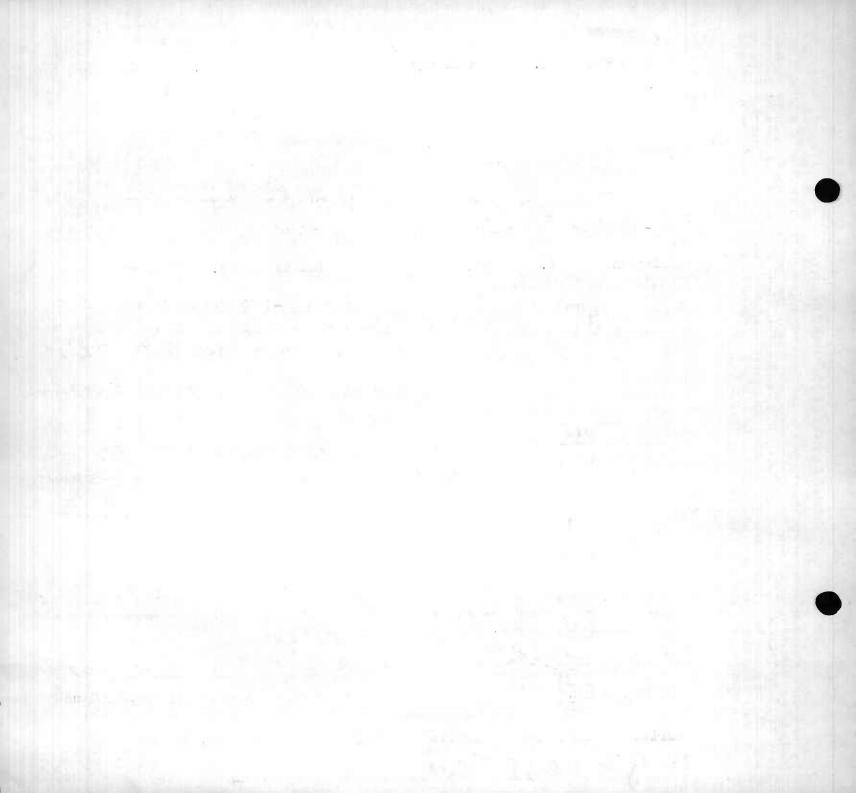
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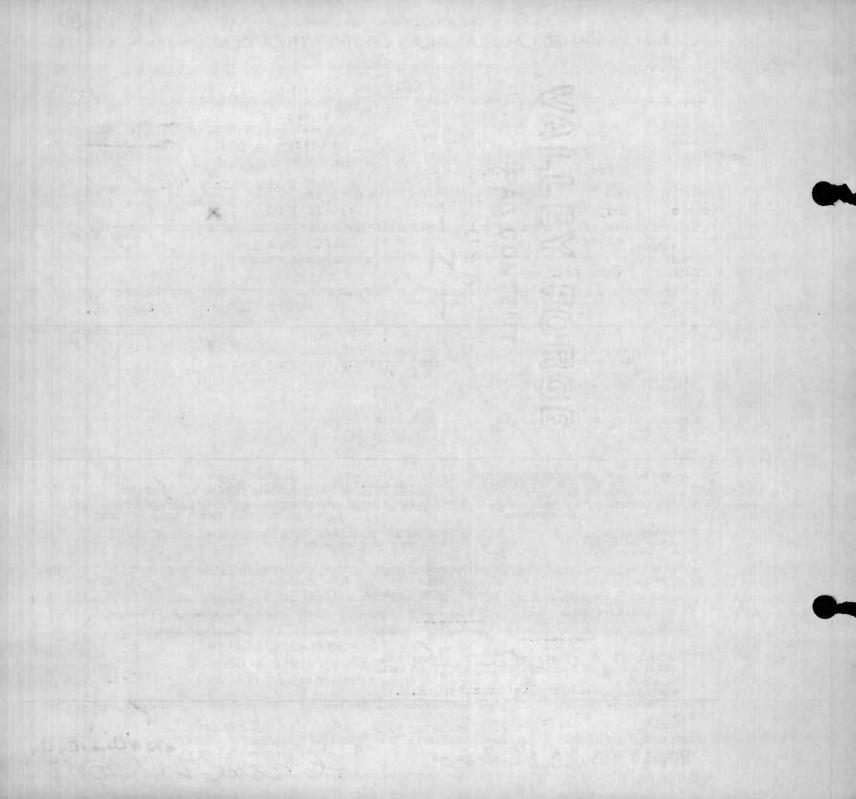
ath.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 65 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Part) 1965 Stallings 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) Katherine 3. PLACE OF DEATH IN BALTIMORE MARTLAND B. COUNTY A. STATE MARYVAND FULL NAME OF HOSPITAL OR INSTITUTION (II nat in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORD D. STREET ADDRESS (If rural, give location) ALTIMOR MARRIED, NEVER MARRIED 5. SEX Il Under 1 Yr. Manths: Doys 9. AGE (In years If Under 24 Hrs. WIDOWED, DIVORCED (specify) Haurs lost birthdoy BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Seamstress USA Retired - Operator Charles Hearsev Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christian Koch Helena A . E. Eilers 15, Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 21224 Records: BCH-4940 Eastern Avenue None CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made at dying, e.g., heart failure, asthenia, etc. If means the disease, injury or camplication which caused death.) Antoriosclerosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last Thurotoxicosis OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. dominal aortic aurunysm 2 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? CERTIF 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from... that (1) (we) last saw the deceased alive on. ...and that in (my) (aur) aplnion death occurred on the date and hour and from the causes stated obave ((1) (We) (did) (did not) view the body after death. 238 DATE SIGNED Attending Stoff M.D. Med. Phys. Director Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 4940 Eastern Avenue, Baltimore, Maryland Marc Asher 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify)

11/12/1965 Woodlawn Cemeters Woodlawn, Maryland 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



BIRTH NO. 65	11489MEDI		AMINER'S C		OF DEATH Regist	00 11400 ered No
M.E. CASE NO. 1. NAME OF DEC	CEASED			2. D	ATE AND HOUR PRONOUN	CED DEAD
(Type or Print)	ROSIE A	ALSTON	AKA (ROSA)		11-7-65	6:05 A
3. PLACE IN BALT	TMORE, MARYLAND, W		NCED DEAD		(Where deceased lived, If in:	stitution: residence befare adm
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET		(Il outside corporate limits, wri	te RURAL and give township)
8	University H	Hospital			(If rural, give locotion) Monastery Ave	
5. SEX Female	6. RACE negro		NEVER MARRIED DIVORCED (specify) Wed	Sept II 19	9. AGE (In years	
done during mast all v	varking lile, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	South Ca	relina	12. CITIZEN OF WHAT COUNTRY?
X LIONIX	John Jacks				Bacot	
	O EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	Viola Garn	er IOO S. Mona	stery Av.
CITHIS does not be not	SE OR CONDITION DIE LEADING TO DEATH not meen the made of asthenia, etc. It meens nplication which caused of ANTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS	dying e.g., the disease, death.) S NY, GIVING TATING THE CONTRIBUTIN	(B)(C)	ition and de	ehydration	isease
E DISEASE OF	OPERATION CAUSING OPERATION 19B. CON WAS PERF	DITION FOR V			OT NO. 20B. IF YES, WERE FIN CERTIFYING CAL	INDINGS CONSIDERED
O UNDERLYING CAU	CAUSE WAS OR CONTRIB- SE OF DEATH.	home, etc.)	farm, factory, street, a	n or obout 21 C. WHER ffice bldg., INJURY OC	E DID (If in Boltimore City, (CUR?	give exoct lacation)
OF INJURY	(Manth) (Doy) (Year		HILE AT NOT AT WE	WHILE	SAUDOO VAULUI DIC	
	RER'S Rudiger Rype) Rudiger (238, DATE	Breiten	ecker, M.D.	CHIEF MEDIC ASSISTANT MEDIC ASSOCIATE MEDIC CREMATORY	Undetermined manner CAL EXAMINER CAL EXAMINER CAL EXAMINER CAL EXAMINER CAL EXAMINER CAL EXAMINER CONTROL (City Timmonsville)	DATE SIGNI 11-7-65 y, town, or county) (State
	BY HEALTH DEPT.		Sansberry Co of REGISTRAR	24C. FUNERAL D		12 NOR Willow Co
VS 151-REV. 1/1/	65		A STATE OF THE STA			9



65 11490

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINED'S CEPTIFICATE OF DEATH PROJECT 65 11490

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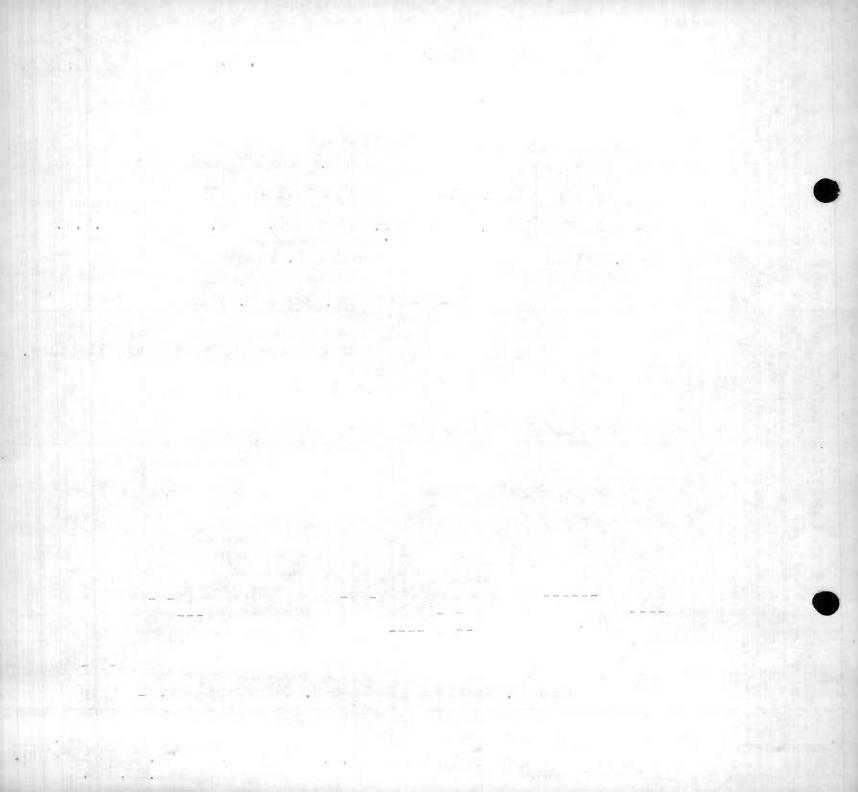
I. NAME OF DEC				2. DATE ANI	HOUR PRONOUNCE	D DEAD
(Type or Print)	HE.	RBERT	J. WEHR		11/9	/65 1:20 a.
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	IN CED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If instit	ution: residence before odmis
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TON, GIVE STREET	c. CITY OF TOWN III outside		
NSTITUTION	ADDRESS OR LOCA	(TION)		C. CITT OK TOWN (II BOISING	corporore minis,	7
/				D. STREET ADDRESS (If rorol,	give locotion)	1-01
TI	nion Memoria	1 Hognit	: a]	T	elair Rd.	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours M
male	white	Marri		Oct. 4. 1911	54	Thomas Boys Hools
OA. USUAL OCCU	JPATION (Give kind of worl vorking life, even if retired)	NOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Chauffeu	r	Delive	ry of Balto.	Maryland		USA
3. FATHER'S NAN		4 14 1		14. MOTHER'S MAIDEN NAME		
Willia		CORCEC	34 50 6141	Nellie Wheeler		ADDRESS
	O EVER IN U.S. ARMED		SECURITY NO.	17. INFORMANT		ADDKE22
No			215108945	Mrs. Annie M. W	ehr- 510/ Be	lair Rd.
18.	211		CAUSE	OF DEATH		INTERVAL BETWE
DISEAS	SE OR CONDITION DI	RECTLY	A A		recorden dia	0000
(This days	LEADING TO DEATH		ATTUETTU	sclerotic cardio	ascarar are	
heort foilure,	not meon the mode of osthenio, etc. It meons application which coused	the discose,	DUE TO			Delta Committee
injuly of col	inpirconon which coused	Geom.				
	NTECENDENT CAUSE		(B)		***********************	
RISE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) S'		DUE TO			
_	IG CONDITION LAST.		(C)			
2	II					
	DEATH BUT NOT RE					FOR DECEMBER
DISEASE O	R CONDITION CAUSING	G IT.				
19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No)	10 CERTIFYING CAUS	
ZIA, EXTERNA	L CAUSE WAS	21 B,	PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	If in Boltimore City, giv	e exoct location)
UNDERLYING	OR CONTRIB- SE OF DEATH.	home etc.)	, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
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(APPROX.)		m. V	VHILE AT NOT YORK AT W	WHILE ORK		
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	ted from: Notural ca		ccident Suicide		Indetermined monne	
				CHIEF MEDICAL EX		
ACTUAL		11-	7 - (-	ASSISTANT MEDICAL EX		DATE SIGNE
SIGNAT	II W	7 / 1-	M.D.	ASSOCIATE MEDICAL EX		11/9/65
NAME (U. Spit	z. M.D.	ASSOCIATE MEDICAL EX	CAMITIVE II	
REMOVAL (Specify	MATION, 238, DATE	23	C. NAME OF CEMETERY O	CREMATORY 23D. L	OCATION (City,	town, or county) (State
Burial	77/70/	65 .	D 7	Cemetare	altimore, Ma	ryland
AA. DATE REC'D	BY HEALTH DEFT.	24B, NAME	Or kensey Valley	24C. FUNERAL DIRECTOR		ADDRESS
NOV 1	1965 Rober	A 2 7	D. ma	Leonard J. R	uck Inc., 53	05 Harford Rd.
VS 151-REV. 1/1/		0 0,40	CONTRACT OF THE PARTY OF THE PA			

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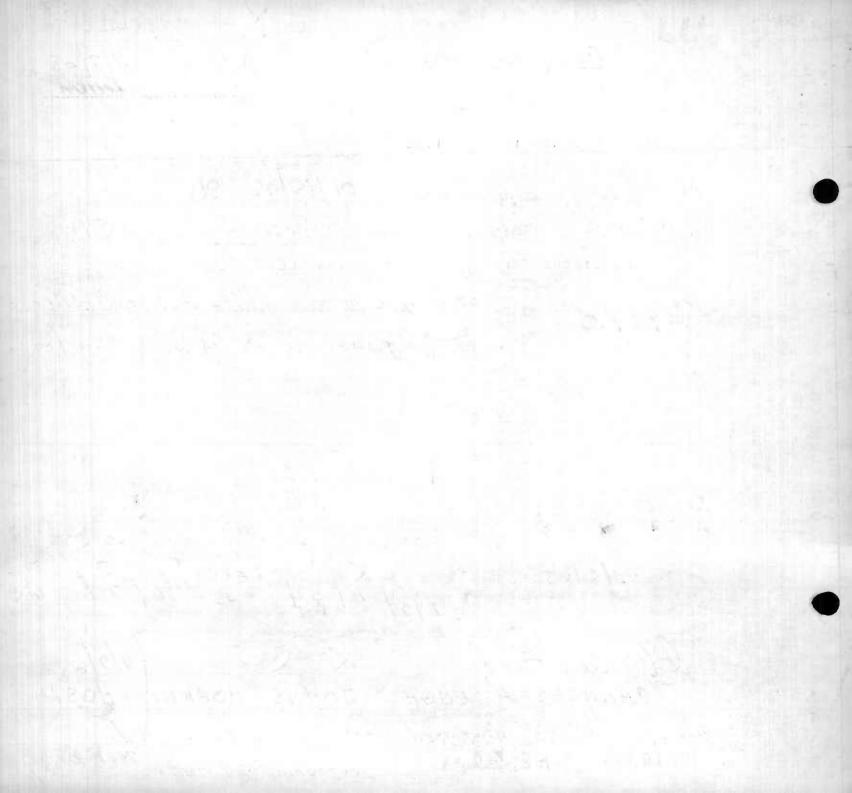
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11-15	101	65 11493 CEDTIFICATE OF DEATH Registered No. 65	14402
70-	Pof	CERTIFICATE OF DEATH	1433
San	ase th Sucl	M.E. CASE NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH	11
	0 =	(Type or Print) CLINTON WHITE 22 PM 1	117/6= "
四台中	, H	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; re	adence before admission)
. 0.0	9 6 0	A. STATE B. COUNTY	DAILAR
S S	de 3	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	60
m 0 3	. T .	INSTITUTION (If outside city limits, write RURAL and	give township)
- LE_	5 0	13ACT/MORE	03 00
F.= 0	d cau prior	THE JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rurol, give locotion)	^ -
0 95	de de	6408 KENW000	AVE
- Pie	5500	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specify) lost birthday). Months:	1 Yr. If Under 24 Hrs. Days Hours Min.
Doccurrie natri	regul eased is ma	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 112, CITIZ	
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000	Und assissis	13. FATHER'S NAME	3/7
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구불 ##	J. Lis	NARCISSUS WHITE ISABELLA MCCLURE	
AN	ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	ADDRESS
Fisis	kind dear	No 276-10-4112 Anna.M. Whit = 6408 Ken	wood Ave 6
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	는 S: 한 수	19A. DATE OF OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of Not) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	DEATH?
UN Chi	hy te	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID)(If in Baltimore City, give	avent landford
A 4-	9 e e e e	OR CONTRIBUTING CAUSE OF home, form, factory, street, office bidg., INJURY OCCUR?	33-00
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a b	dent of ospital death) must be	and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE	
ust ass	S P E	M.D. Attending Med. Stoff	ENGNED
E	1 5 E	Phys. Director Phys.	17/65
9 2		23C. PHYSICIAN'S NAME (Lope)	11 - 0
W 22	An at prior	CHARLES A. ENGHMO JOHNS HOPKINS	H-05P
9 # 7	- G IL	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or	r county) (State)
Po	shows: (1) was D.O. deceased	Purial 11/10/65 Barkwood Com Balto Co. Md	
- So	× S S S S S S S S S S S S S S S S S S S	25A, DATE REC'D BY HEALTH, DEPT. 25B, NAME OF REGISTRAR DSC. FUNERAL DIRECTOR	ADDR589
수 내 학	shows: was D.G decease	NOV 10 1965 Robert E. Farkenna Lascahn Fun' Home 74	of Belaja
		VS 150-REV. 1/1/65 N 8 20 0 0	Rd
		N 8 x 0.0	9.



1149 MED	ICAL EXA	MINER'S C	ERTIFICATE (OF DEATH Regi	stered No
CEASED	RLES W.	MEADOWS	2. DA		1/8/65 10:46 p.
(IF NOT IN HOSPITA	AL OR INSTITUTIO		A. STATE Maryl C. CITY OR TOWN (IF	and outside corporate limits, y	MNUO
Dallatanana	Company 1	T3+-7			
6. RACE	7. MARRIED, NEV	ER MARRIED	B. DATE OF BIRTH	9. AGE (In yea	rs If Under 1 Yr. If Under 24 Hrs.
hd+o			00+ /1 70	_	Months Doys Hours Min.
UPATION (Give kind of worl			Y11. BIRTHPLACE (Stote of		12. CITIZEN OF
working life, even if retired) Miner			Glen Dan	iel W Va	WHAT COUNTRY?
ME			14. MOTHER'S MAIDEN	NAME VA.	U.S.A.
Hubert Mead	lows		Macy R	ri chmond	
			17. INFORMANT	(LOHMOHA	ADDRESS
The yes, give war or date	es at service)	SECURITI NO.	A. E. Que	senberry	Beckley, W. Va.
LEADING TO DEATH not meon the mode of p, asthenia, etc. It means pmplication which caused ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST. IS SNIFICANT CONDITIONS DEATH BUT NOT REI DR CONDITION CAUSING F OPERATION 198, CON	dying e.g., inte disease, death.1 SS NY, GIVING TATING THE CONTRIBUTING LATED TO THE GIT.	(A) Gunsho DUE TO (BI	t wound of ch	or No) 20 B. 1F YES, WERE	
WAS PER		CE OF INJURY (e.g., m, foctory, street,	yes	yes	AUSES OF DEATH?
USE OF DEATH.	lote) a				int Rd.
(Month) (Doy) (Yeor	O.OOD WHIL	E AT NOT	WHILE XI shot e		25-05
rtify that I held an I	nguiry In	spection Au	topsy X and that	on this basis, death i	n my opinian
		_			
LE Melrie	VI.	70/-	CHIEF MEDICA	AL EXAMINER	DATE SIGNED
NER'S Werner (Type)	U. Spitz,	M.D. >	ASSOCIATE MEDIC	AL EXAMINER	11/9/65
PAAAM 000					
EMATION, 23B DATE	23C. N	AME of CEMETERY	or CREMATORY	23D. LOCATION (C	ity, town, or county) (Statel
		Sunset Mem	orial Park	Beckley	W. Va.
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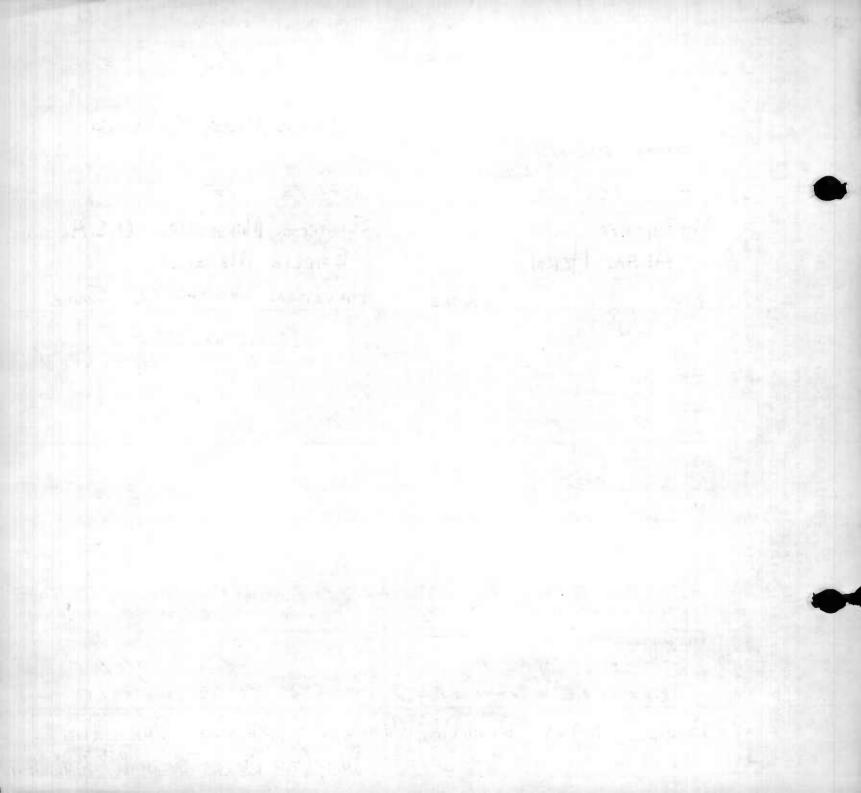
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	23A. SIGN	ATUR	ne couses/stdt) (We) (di (URTH	-	ending 23D. ADDRES	Med. Director	Stof Phy	s. ×	23	B. DATE SI	GNED 7-1965
24A.	BURIAL	CREMATION,	ANARAYA 24B. DATE	NA MUR		M.D.	EMATORY	24	D-LOCA	ITION	(Cjty,	town, or co	ounty) (Stote)
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VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



				BALTIMORE CITY					
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M.E. C	ASE NO.	ASED					HOUR OF DEATH	TUC LLIJUK	7
	or Print) HU		MES CI	U DISTA &		11/4	1/C	17	14
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					A. STATE	B. COUNTY	Y	0	21
	L NAME OF	(If not in hospital oddress or locatio	or institution, give st	reet	MAKY	LANL		1500	75
	TITUTION	Obdiess of locollo	117					RURAL and give towns	hip)
					D. STREET ADDR	TMOR	rol, give location)	33 00	
111	NO M	MEMORIA	4050	INI			FORG	- RD	
. SEX		S. RACE	7. MARRIED, NEVE		B. DATE OF BIRTH		AGE (In veors		11. 3 04. 11.
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(PINAI	PLES H	CINTED		114	RV 5	LADE		
5. Was	s Deceased B	ver in U. S. Armed Fo	rces? 16. St	OCIAL ,	17. INFORMANT		77.70	ADDRESS	
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